

# LAW ENFORCEMENT TRAINING

PREVENTING *and* RESPONDING *to* VIOLENCE *against* KEY POPULATIONS *to* INCREASE ACCESS *to* JUSTICE *and* STRENGTHEN *the* HIV RESPONSE





# LINKAGES

Linkages across the Continuum of HIV Services for  
Key Populations Affected by HIV (LINKAGES) Project

## LAW ENFORCEMENT TRAINING

PREVENTING *and* RESPONDING *to* VIOLENCE  
*against* KEY POPULATIONS *to* INCREASE  
ACCESS *to* JUSTICE *and* STRENGTHEN *the*  
HIV RESPONSE

2019

This training resource is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

LINKAGES, funded by PEPFAR and USAID, is the largest global project dedicated to key populations—sex workers, men who have sex with men, people who inject drugs, and transgender people. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>ARVs</b>	Antiretroviral medicines
<b>CBO</b>	Community-based organization
<b>GBV</b>	Gender-based violence
<b>HIV</b>	Human immunodeficiency virus
<b>IPV</b>	Intimate partner violence
<b>LGBT</b>	Lesbian, gay, bisexual, and transgender
<b>KP</b>	Key population
<b>PEP</b>	Post-exposure prophylaxis
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PrEP</b>	Pre-exposure prophylaxis
<b>STI</b>	Sexually transmitted infection
<b>Trans</b>	Transgender
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USAID</b>	U.S. Agency for International Development
<b>VPR</b>	Violence prevention and response
<b>WHO</b>	World Health Organization

## TABLE OF CONTENTS

<b>SNAPSHOT OF THE TRAINING</b> .....	<b>1</b>
<b>BACKGROUND</b> .....	<b>2</b>
Rationale for Working with Law Enforcement in Key Population Programs .....	2
Placing Law Enforcement Training in a Broader Context .....	3
<b>OVERVIEW OF TRAINING CURRICULUM</b> .....	<b>5</b>
Purpose.....	5
Learning Objectives.....	5
Intended Training Audience .....	6
Training Curriculum Content and Structure .....	6
Engaging Law Enforcement Initially .....	8
Adapting this Training for the Local Context.....	9
Selecting Facilitators .....	13
When to Train Law Enforcement Officers .....	13
<b>MODULE 1: SETTING THE STAGE</b> .....	<b>16</b>
Session 1.1: Welcome and Introductions .....	17
Session 1.2: Pre-Test.....	19
Session 1.3: Learning Objectives and Agenda .....	20
Session 1.4: Group Norms .....	22
Session 1.5: What Is Possible?.....	24
<b>MODULE 2: BUILDING CORE KNOWLEDGE</b> .....	<b>27</b>
Session 2.1: Basics of HIV: Epidemiology, Prevention, Available Services (OPTIONAL: Harm Reduction at Work) .....	29
Session 2.2: Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation: Understanding Ourselves and Each Other .....	41
Session 2.3: Understanding Violence against Key Populations (Characteristics, Perpetrators, Causes, Consequences) .....	56
Session 2.4: Human Rights and Local Legal Context.....	62
Session 2.5: Recognizing and Challenging Violence in Law Enforcement/Key Population Interactions .....	66
Session 2.6: Focus on Intimate Partner Violence.....	70
Session 2.7: Panel Discussion with Key Population Members.....	75
<b>MODULE 3: APPLYING PRINCIPLES AND BUILDING SKILLS</b> .....	<b>79</b>
Session 3.1: Fundamental Principles of Violence Prevention and Response .....	81
Session 3.2: Needs of Key Population Members Who Experience Violence .....	89
Session 3.3: Barriers to Disclosing Violence .....	93

Session 3.4: Victim-Centered Support .....	99
Session 3.5: Responding to and Documenting Cases of Violence .....	105
Session 3.6: Trauma-Informed Approach to Law Enforcement (OPTIONAL) .....	109
<b>MODULE 4: USING WHAT WE HAVE LEARNED .....</b>	<b>112</b>
Session 4.1: Taking Care of Ourselves: Identifying and Confronting Secondary Stigma and Stress.....	113
Session 4.2: Reflections on What We Have Learned and How to Integrate It into Our Work .	117
Session 4.3: Post-Test and Training Evaluation .....	120
Session 4.4: Closing Ceremony and Final Words .....	121
<b>ANNEXES .....</b>	<b>122</b>
Annex 1: Additional LINKAGES Violence Prevention and Response Tools.....	123
Annex 2: Opening Activities and Energizers .....	124
Annex 3: Ways to Recap Information .....	126
Annex 4: Daily Closing Activities.....	127
Annex 5: Legal Rights of Sex Workers.....	128
Annex 6: Glossary.....	131
<b>HANDOUTS .....</b>	<b>134</b>
Handout 1: Pre-Test/Post-Test.....	135
Handout 2: Participant Agenda .....	136
Handout 3: Fundamental Principles for Violence Prevention and Response Service Provision by Law Enforcement.....	138
Handout 4: Sample Printed Referral Network.....	141
Handout 5: Overview of Victim-Centered Support.....	142
Handout 6: Sample Law Enforcement Documentation Form .....	144
Handout 7: Training Evaluation.....	146
<b>EXERCISE CARDS .....</b>	<b>147</b>
Exercise Card 1: What Is Behind High HIV Prevalence Rates for Some Populations? .....	148
Exercise Card 2: The Last Post-Exposure Prophylaxis .....	159
Exercise Card 3: Amanda’s Story.....	160
Exercise Card 4: Short Dramas: What Went Wrong? What Would Make It Right? .....	163
Exercise Card 5: Thandi’s Story .....	165
Exercise Card 6: Standing in Her Shoes .....	167
Exercise Card 7: Victim Roles for Victim-Centered Support and Documentation Practice .....	170
Exercise Card 8: Combatting Secondary Stigma.....	171
Exercise Card 9: Stress Reduction Activities .....	172
<b>REFERENCES .....</b>	<b>173</b>

## SNAPSHOT OF THE TRAINING

### Audience and Purpose:

This training document is for use by HIV programmers who wish to work with law enforcement officials to reduce violence against key population (KP) members and improve their access to HIV and justice services. The training also addresses law enforcement officers' occupational and personal HIV risks and supports knowledge building in HIV prevention, treatment, and care as part of a law enforcement institution's internal HIV strategy. It can be used to train law enforcement personnel at any level across a range of specialties.

In addition to the training materials, this document contains background information on the importance of working with law enforcement, tips on how to initiate engagement, ideas for training adaptation, and examples from countries where the training has been implemented.

---

### Participant learning objectives:

Officers trained will:

- Recognize the HIV infection risks that law enforcement officers face and gain skills to limit their own and others risk of HIV transmission
- Explore the underlying causes of stigma, discrimination, and violence against key populations and the connection with HIV
- Develop strategies to collaborate with traditionally underserved communities to improve policing practices and outcomes
- Describe KP members' rights to protections and services according to the national constitution, local laws, international human rights treaties, and national guidelines or strategies governing the HIV response
- Strengthen their response to all victims of violence, including members of KPs

---

### Time and preparation requirements:

The training is designed to last for two to three days, depending on time available and program and participant needs. Implementing the training successfully will require advance preparation to:

- (1) Understand KP members' experiences with violence in your context, including the most common forms of violence
- (2) Understand KP members' current experiences with law enforcement
- (3) Form relationships with law enforcement officers and adapt the training to their needs and the local context—this may include expanding or removing portions of the training based on existing skill levels and previous training, identifying relevant laws and policies, and developing a list of organizations that officers can refer to for violence response services
- (4) Determine those who should be trained
- (5) Pilot the adapted training, making further revisions as needed
- (6) Identify and train effective facilitators, including KP members and members of law enforcement as appropriate
- (7) Identify and prepare a human rights lawyer(s) who can participate in the training

All preparation and implementation should be continually guided by KP members' expertise and experiences and should prioritize KP member safety.

## BACKGROUND

### Rationale for Working with Law Enforcement in Key Population Programs

Key populations most affected by HIV—gay, bisexual, and other men who have sex with men; people who inject drugs; sex workers; and transgender people—experience high levels of violence around the world.<sup>1-4</sup> Violence increases their HIV risk<sup>5-12</sup> and decreases their testing and disclosure<sup>13</sup> and adherence to antiretroviral therapy (ART).<sup>13-16</sup> Law enforcement officers—including police, gendarmerie, and other departments charged with enforcing laws, investigating crimes, and making arrests—are often first-responders when violence occurs. Yet, they can rarely be called upon to support KP victims of violence because they are unwilling to serve them, are perpetrators of violence, or both.<sup>7, 11, 17-20</sup> What’s more, law enforcement officers both directly and indirectly hinder the ability of programs to curb the epidemic among key populations.<sup>17, 19, 21</sup>

When law enforcement officers arrest people who inject drugs as they try to enter harm reduction services, use condoms as evidence against sex workers, or harass and arbitrarily detain men who have sex with men or trans women working as peer educators, they force KP members to take their lives underground, limit their access to services, and create circumstances of decreased safety—such as being forced to have sex without a condom or inject quickly without clean equipment.<sup>22, 23</sup> Furthermore, the environment of fear and anxiety that is created by violent policing practices has been associated with increased vulnerability to HIV,<sup>24</sup> and arrest by law enforcement officers is strongly associated with HIV incidence.<sup>25</sup> Law enforcement officers can also directly increase HIV risk, for example, by sexually assaulting sex workers and exposing them to HIV.<sup>6</sup>

Collaborations between law enforcement and KP programs can help alter this harmful dynamic and support both public health practitioners and law enforcement agencies to achieve their mutual objective: the population’s safety and security. As van Dijk, et al. note in their 2019 *Lancet* article calling for more collaboration between law enforcement and public



The level of collaboration possible with law enforcement will vary greatly between KP communities and contexts. Programs should be flexible and cognizant of existing relationships between KP members and law enforcement and ensure, through conversation and joint planning, that any potential collaboration with law enforcement is seen as safe and beneficial by the KP members that the program is serving.

health: “Contrary to popular belief, policing is not limited to catching thieves and maintaining order, but involves protection of vulnerable individuals, groups, communities, and those at risk of crime by way of activities such as safeguarding, surveillance, community or public safety, and public protection.”<sup>26</sup> The authors go on to note, “Even in regions where sex work is criminalised, structural approaches involving partnerships with police to address violence can be effectively delivered to reduce harassment, arrests, and violence against female sex workers.” Similar findings have been demonstrated for other key populations in

criminalized settings.<sup>27</sup> In settings where KP members are not criminalized, collaborating with law enforcement can offer important opportunities to clarify laws and address behaviors that may be the result of a lack of knowledge and/or stigma against KP members.



Finally, KP members often describe changes in law enforcement practices as some of the most important for their well-being. As Michel Sidibé notes in the foreword to the *Journal of the International AIDS Society* supplement “*Police, Law Enforcement and HIV*.”<sup>28</sup>

.....

*I spend many months of the year travelling to the world’s cities where the HIV burden is high, talking and listening to communities in the streets and on the margins. When I ask what can be done to improve their lives, they often say they want a police force that defends their rights instead of violating them. Key populations.... want the police to support them as human beings with the same rights as all others in our shared society.*

.....

For all these reasons, collaboration with law enforcement—when responsive to the needs of KP members and tailored to the local context with their guidance—can be an important strategy for reducing violence against KP members and creating enabling environments for implementing successful HIV programs. Engaging with law enforcement officers is a recognized way to effectively address the HIV epidemic. The Joint United Nations Programme on HIV/AIDS (UNAIDS) identified sensitizing law enforcement as a key component of the HIV response in 2012.<sup>29</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria did the same in 2014.<sup>30</sup>

### Placing Law Enforcement Training in a Broader Context

Several models of collaboration between HIV programs and law enforcement are available. Crofts and Patterson, in the *Journal of the International AIDS Society* special supplement on “*Police, Law Enforcement and HIV*” highlight<sup>22</sup> the following:

- Integration of training on the police role in HIV prevention and working with affected communities and populations, on human rights and harm reduction
- Continued professional development throughout the police personnel careers
- Peer advocacy and education, such as that provided by the police Country Focal Points of the *Law Enforcement and HIV Network (LEAHN)*
- Strategies and initiatives to bring police together with the communities they should serve in nonconflict settings and generate community-based strategies for multi-sectoral consultation
- Addressing structural issues, such as performance measures (especially abolishing arrest quotas as a key performance indicator), criteria for promotion, and the...issue of pay for police
- Issuing specific directives to guide police action in circumstances in which they have discretion (e.g., to charge or to warn)
- Integration of these issues into broader police reform initiatives



### Training security forces with United States government (USG) foreign assistance

If training security forces, such as law enforcement, to improve the impact of HIV programs with funds from the U.S. government, each U.S. embassy will need to determine whether vetting, also referred to as Leahy vetting, is required for the officers nominated to be trained. According to the U.S. Department of State, “Leahy vetting is a process through which the U.S. government vets foreign security forces nominated to receive assistance with funds appropriated in the Foreign Assistance Act, Arms Export and Control Act, or the National Defense Authorization Act to ensure they have not committed a gross violation of human rights.”<sup>31</sup> More can be found in the [Leahy fact sheet](#).<sup>32</sup>

The vetting process requires detailed personal information from both the potential trainees and the units that the potential trainees come from. Anyone deemed, through the vetting process, to have committed gross human rights violations is not eligible to be trained.



### Engaging with law enforcement while respecting community experiences

Many members of KPs have had negative experiences with law enforcement officials. When a program engages with law enforcement—for example, inviting an officer to a peer educator meeting—this activity should be planned with KP leadership and must be communicated in advance to KP members who can then decide whether to attend.

This document focuses on training law enforcement officers (first strategy above), but multiple strategies can and should be pursued simultaneously. Training itself is likely to open doors for additional activities. For example, relationships formed before and during training can be an opportunity to link local senior law enforcement officials to their LEAHN Country Focal Point, if applicable (check the [LEAHN website](#) to learn whether there is a focal point in your setting). Engagement with senior level law enforcement can also be an opportunity to ask for support in interpreting existing laws and policies in a way that lessens the negative impact on key populations, a strategy that proved effective in India.<sup>17</sup>

Senior and junior level law enforcement officers can also be engaged in informal activities such as attending program events, like the opening of a new drop-in center, as special guests.<sup>17</sup> Other activities of the HIV program, such as KP empowerment, can also include interactions with law enforcement officers—for example, bringing KP members to police stations to review the procedures for filing a complaint. Program staff supporting law enforcement training may also be called upon to join conversations or working groups tasked with broader law enforcement reform.

Even if training is the only law enforcement activity planned, preparing for the training will involve extensive interaction with officers and is an opportunity for relationship building between KP program implementers, KP members, and law enforcement. More about

this preparatory work can be found under [Engaging Law Enforcement Initially](#).

Finally, engaging with law enforcement is just one way to address violence in KP members’ lives. [A Guide to Comprehensive Violence Prevention and Response in Key Population Programs](#),<sup>33</sup> which informed this training, describes working with law enforcement in the context of a broader set of activities. The tools in [Annex 1](#), developed by LINKAGES, can be used to support a holistic approach to violence prevention and response that complements and functions synergistically with law enforcement engagement.

## OVERVIEW OF TRAINING CURRICULUM

### Purpose

This training document is for use by HIV programmers who wish to collaborate with law enforcement officials to reduce violence and improve access to HIV prevention care and treatment and enhance access to justice for KP members. It is designed to reduce violence against KP members perpetrated by law enforcement officers and to ensure that law enforcement officers can provide appropriate services to victims of violence who are members of KPs, which—as impunity decreases among perpetrators—will also impact the levels of violence that KPs experience from the broader community. The training also recognizes that law enforcement officers have both occupational and personal HIV risks and supports knowledge building in HIV prevention, treatment, and care as part of a law enforcement institution’s internal HIV strategy.

In addition to the training materials, this document contains background information on the importance of working with law enforcement, tips on how to initiate engagement with law enforcement, ideas for training adaptation, and examples from countries where the training has been implemented.

### Learning Objectives

The training achieves five main learning objectives. Additional, session-specific objectives are in the agenda. Law enforcement officers trained will be able to:

- Recognize the HIV infection risks that law enforcement officers face and gain skills to limit their own and others risk of HIV transmission
- Explore the underlying causes of stigma, discrimination, and violence against key populations and the connection with HIV
- Develop strategies to collaborate with traditionally underserved communities to improve policing practices and outcomes
- Describe KP members’ rights to protections and services according to the national constitution, local laws, international human rights treaties, and national guidelines or strategies governing the HIV response
- Strengthen their response to all victims of violence, including members of KPs

To support the achievement of these objectives and implement programming more likely to have a sustained impact, this curriculum is designed according to human-rights-based and gender-transformative approaches.<sup>1-4, 34-36</sup> A human-rights-based approach, which is fundamental to KP programming, is nondiscriminatory, accountable to the populations it seeks to serve, upholds and respects individuals’ autonomy and rights, and requires that the principles of fairness and equity are applied.<sup>37</sup> A gender-transformative approach seeks to support participants as they identify, critically examine, and counter harmful gender norms to challenge unequal gender roles, social norms, and the distribution and control of resources and power.<sup>38</sup>

## Intended Training Audience

This training is designed for use with law enforcement officials. Law enforcement is defined as “the organised and legitimate effort to produce or reproduce social order—evident in rules and norms—to enhance the safety and security of society.”<sup>26</sup> Law enforcement agencies are generally government agencies that enforce laws, investigate crimes, and make arrests. The training can be adapted for use with senior or junior officers. It can also be adapted based on the needs and responsibilities of the units and individuals being trained. See more under [Adapting this Training for the Local Context](#).

## Training Curriculum Content and Structure

The training includes four modules. Each module contains slides, speaker notes, and activity instructions. The curriculum begins with *Module 1: Setting the Stage*, which includes activities for participants to get to know one another and share what makes them proud of their work as law enforcement officers. It begins to examine what is possible when law enforcement and KP members are allies and primes the group to consider what may be possible in their context. *Module 2: Building Core Knowledge* describes the HIV epidemic in the country in which the training is held and government-supported efforts to address it. To ensure that officers know how to access services themselves, it covers the prevention, testing, and treatment services available locally. The module explores who KP members are and why they are at greater risk for both HIV and violence; concepts related to sex and gender; links between rigid gender norms, stigma, discrimination, and violence; links between violence and HIV; and types of violence and other human rights violations commonly experienced by key populations. Special attention is paid to the issue of intimate partner violence (IPV). Participants also strengthen their knowledge of local laws and the constitution, particularly as they relate to the rights of KP members and the services that should be provided to them, including police protection when they are victims of violence.

After strengthening understanding of the issues, *Module 3: Applying Principles and Building Skills* improves officers’ ability to handle cases of violence. They come to understand how law enforcement can revictimize someone through an inadequate or hostile response to the disclosure of violence and how to respond appropriately to victims. They also review the health, social, and justice/legal needs of victims, and have the opportunity to learn more about the range of local organizations working to meet victims’ needs. Effective referral is also discussed. Finally, they learn about opportunities to meet victims’ needs via referral and how to refer effectively.

*Module 4: Using What We Have Learned* is the final module and recaps what has been covered while making clear the expectations and support available going forward. It contains sessions on self-care for officers, including confronting secondary stigma, and ends with a



### Stigma and discrimination

Throughout the training, participants have opportunities to explore their personal values and beliefs related to key populations and consider how these impact KP members’ access to safety and services. Participants will also hear from KP members during a panel discussion to learn how stigma, discrimination, and violence have affected their lives and the kinds of support they need.

commitment, made confidentially, where those trained can join a list of sensitized officers willing to support KP members.

Below is a complete list of sessions in the training, including optional activities.

## LINKAGES Law Enforcement Training: Preventing and Responding to Violence against Key Populations to Increase Access to Justice and to Strengthen the HIV Response

### Module 1: Setting the stage

- Session 1.1: Welcome and introductions
- Session 1.2: Pre-test
- Session 1.3: Learning objectives and agenda
- Session 1.4: Group norms
- Session 1.5: What is possible?

### Module 2: Building core knowledge

- Session 2.1: Basics of HIV: epidemiology, prevention, available services (including an optional section: harm reduction at work)
- Session 2.2: Sex, gender, gender identity, gender expression, sexual orientation: understanding ourselves and each other
- Session 2.3: Understanding violence against key populations (characteristics, perpetrators, causes, consequences)
- Session 2.4: Human rights and local legal context
- Session 2.5: Recognizing and challenging violence in law enforcement/key population interactions
- Session 2.6: Focus on intimate partner violence
- Session 2.7: Panel discussion with key population members

### Module 3: Applying principles and building skills

- Session 3.1: Fundamental principles of violence prevention and response
- Session 3.2: Needs of key population members who experience violence
- Session 3.3: Barriers to disclosing violence
- Session 3.4: Victim-centered support
- Session 3.5: Responding to and documenting cases of violence
- Session 3.6: Trauma-informed approach to law enforcement (optional)

### Module 4: Using what we have learned

- Session 4.1: Taking care of ourselves: identifying and confronting secondary stigma and stress
- Session 4.2: Reflections on what we have learned and how to integrate it into our work
- Session 4.3: Post-test and training evaluation
- Session 4.4: Closing ceremony and final words

Each session begins with an estimated time and materials required. Actual times may vary according to the adaptations made to meet the needs of participants, and session times should be revised by the facilitator as needed. In addition, some sessions begin with a note on **planning ahead**. This section describes steps for preparation that are specific to a session; these are generally in addition to preparation required for the workshop overall.

With each session guidance for facilitators appears on the left side of the page and corresponding PowerPoint slides on the right (the slides are also provided as a separate PowerPoint file). The guidance for facilitators includes:

- **Supporting information:** Highlights the key points for facilitators. Depending on time constraints, facilitators may choose to discuss all information included or only a selection of the notes. The choice is at the discretion of the facilitators. Facilitators should also add their own examples, anecdotes, clarifying points, and discussion questions that they determine are appropriate. **Text in orange** in the facilitator guidance is meant to be said (but can be paraphrased or otherwise amended to avoid the facilitator reading throughout the training). Sometimes “notes to the facilitator” are included in italics. These notes can be useful in contextualizing what is being shared; they also provide additional guidance on how information can be framed.
- **Activities:** Provides operational instructions for facilitators to engage participants in activities and discussion.

At the end of this document are annexes, handouts, and exercise cards. The **annexes** provide additional information to support the facilitator in preparation for the training and with any questions asked during the training. The **handouts** are documents to be provided to all participants during the training; the facilitator decides whether to provide all handouts at the start or share them at relevant points during the training. The **exercise cards** are materials the facilitator will need to print to help facilitate activities. Each exercise card includes information on how many copies are needed.

### Engaging Law Enforcement Initially

The first consideration, when determining the scope and scale of any collaboration with law enforcement in a given context, is what is most likely to benefit members of KPs. Collaborations with law enforcement should be flexible and cognizant of existing relationships between law enforcement and local KP communities.

Once you have determined, with KP community leaders/representatives, that training law enforcement is an appropriate activity in your context, reach out to law enforcement leadership. If this is the first time your program is working with law enforcement or if training will represent a more formal collaboration, you will likely need to seek formal permission—often in writing—to begin to interact with senior leadership. Allies within law enforcement, known to be sympathetic to KP programs, may be able to help facilitate initial connections and help move the process forward. In some cases, existing collaborators at the Ministry of Health can also help make the connection to the Ministry of Interior (or other relevant government body).

Sensitizing senior leadership to the importance of and mutual benefits to collaborations between law enforcement and HIV programs can help gain their buy-in. Beyond meeting with officials to explain the rationale for such collaboration (see more in the [Background section](#) and Appealing to Law Enforcement’s Interests under [Adapting this Training for the Local Context](#)), senior officials may also wish to be connected to high-ranking officials from around



#### Engaging multiple law enforcement agencies in Dominican Republic

In the Dominican Republic, two main law enforcement agencies interact with KP members, the National Police and Tourism Police. When the local HIV program approached both agencies about collaboration only the National Police sent officers to trainings. However, after the National Police observed increased staff professionalization and improvements in public perception, their leadership reached out to the Tourism Police and were able to convince them to train their officers as well.

the world to understand their experiences. The *LEAHN website* features the *testimonies of a diverse group of senior officials* describing their commitment to key population and law enforcement collaboration.

The relationships formed prior to training can begin to benefit KP member and law enforcement interactions even before trainings begin. Connections formed at this time will also ensure that law enforcement officers help to shape the training and select facilitators, as explained in the sections below. Continued relationships will be important throughout training implementation and post-training.

### Adapting this Training for the Local Context

Once you have established strong connections among senior leadership, you can work collaboratively with senior officers—or those to whom the responsibility has been delegated—and members of KPs to adapt the training. As you adapt, consider the following elements of meaningful collaboration between law enforcement and KP members:<sup>39</sup>

- **Appeal to law enforcement interests.** For example, talk to law enforcement leadership about what they would like to see included in the training for the benefit of their officers. The training could include information and skill building to help officers reduce HIV risk in their own lives, such as demonstrations of effective condom use or how to access post-exposure prophylaxis (PEP) in case of an on-the-job exposure to HIV. For ideas on content related to reducing risk of both HIV and hepatitis, including when interacting with someone who may be carrying injecting equipment, see Module 2: Occupational Health and Safety: HIV and Hepatitis, in the *Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs*.<sup>40</sup>
- **Provide opportunities to showcase senior official support.** When developing the agenda, build in time for senior leadership to give opening remarks. As appropriate, encourage the opening speaker to include content that clearly states their commitment to a law enforcement agency that serves all, including men who have sex with men, people who inject drugs, sex workers, and transgender people. As needed, provide the opening speaker with data on the HIV epidemic locally and/or have them speak with a counterpart at the Ministry of Health in advance to describe the role that law enforcement plays in facilitating the success of a broad range of government initiatives.



#### Engaging senior leadership in Eswatini

Connections between senior law enforcement officials in Eswatini and LEAHN have been an important part of building buy-in for law enforcement training in the country. Senior officers from the Royal Swazi Police continue to regularly attend the International Conference on Law Enforcement and Public Health in order to gain new ideas and showcase their growing expertise in this area—an important added incentive to continue to move this work forward.

- **Strengthen law enforcement commitment to feedback and accountability mechanisms.** Use the training to talk about what process should be followed if abuse against a KP member occurs. If there is a process for accountability, ask those in the training to describe how it functions and how they themselves might be able to use it if they witness abuses. Include role-play activities (such as the case study on [Exercise Card 7](#)) that ask officers to respond to someone who reports that a law enforcement officer was the perpetrator of the violence against them.
- **Develop regular and systematized law enforcement trainings that involve members of key populations.** Any training for law enforcement should provide opportunities for law enforcement to meet KP members (if this is safe). Apart from leading and participating in training sessions, KP members should also have opportunities during lunch or breaks to talk to officers informally. In addition, consider from the start what can be done to ensure the training will be used widely and that newly inducted officers will have the opportunity to be trained.

### Other considerations for adaptation are:

#### Key populations that will be the focus of the training.

The program staff person charged with leading this training will need to make decisions about the content based on the populations involved in the KP program. This training includes information on men who have sex with men, people who inject drugs, sex workers, and transgender people. In most contexts, law enforcement officers will have experience with all four of these populations. However, depending on your setting and priorities, you may decide to emphasize one more than the others, for example, by using case studies focused only on those populations with whom you work the most.

**Time available for training.** An important logistical consideration will be how long law enforcement officers can be away from their duties. In some contexts, this training has been delivered in only two days. Two-and-a-half or three days is preferable if possible. If you implement the training in two days, it is better to remove



#### Accountability in Dominican Republic

Internal accountability within law enforcement agencies is vital, but a separate mechanism, such as programmatic documentation of abuses, will likely be necessary to build KP community trust. In Dominican Republic, peer educators document KP members' experiences of violence, discrimination, and arbitrary arrest at the hands of law enforcement. This information is shared with a Technical Working Group Against Violence that is convened by the community-based organization (CBO) operating the HIV program. Law enforcement senior officials are part of the group and when abuses are documented, they follow up with the perpetrating officers to provide further training or disciplinary action, which is then reported back to the group.



#### Adaptations based on time available in Angola

In Angola, police chiefs attended a one-day training while heads of special units within police stations, such as Victim's Assistance, Domestic Violence, and Civic and Moral Education, attended five-day trainings. Training length was largely dependent on the ability of officers to leave their posts. When the training was truncated for police chiefs, the emphasis was placed on making them role models—who understood and were responsive to KP members' vulnerabilities—for other officers.



activities and devote sufficient time to fewer than to rush through all of them. If you have more than two days, you may also consider adding material, especially videos. Locally made documentaries on the lives of KP members such as [Hooking in Joburg](#) about the experiences of sex workers in South Africa can be especially powerful additions.

As you design the agenda for your specific time constraints, see [Annex 2](#) for energizers, [Annex 3](#) for activities to recap information (especially useful at the start of each new day of training), and [Annex 4](#) for daily closing activities. Additionally, almost all sessions end with time for participant questions and reflections. Depending on the time allotted for the training, you may make these shorter or longer in duration.

We recommend that the training occur over consecutive days. The first two modules are designed to strengthen officers' cognitive and emotional motivation to make a change in their practices. The final two modules build skills that help them become part of the solution to the problems initially presented. Implementing all the modules close together can strengthen participants' commitment to building their own capacity, causing them to work more diligently during skills building and leave more inspired to make a change.

**Locally appropriate examples and names.** Work with local law enforcement and KP members to review the examples used in the training (such as case studies on [Exercise Card 4](#)) and replace them, as needed, with more relevant ones. The character names used in all the case studies and stories that are part of the training can also be changed to ensure local relevance. Whatever is presented should resonate with the participants; the more local examples used, the more effective the training will be.

**Local laws and policies.** The training requires information highly specific to your country during different sessions. To ensure that content is locally relevant, facilitators should also prepare country-specific slides related to HIV, violence, human rights, and laws in their countries. Slides that require country-specific information are noted in **green text**. The most extensive adaptation to the local context occurs in *Session 2.4: Rights and Laws in the Local Context*. Preparation of this information is best done by a human rights lawyer. [Annex 5](#) includes a review of South Africa's constitution, laws, and international treaties to give you a sense of the type of information the lawyer may wish to include.

**Who will be trained.** Law enforcement agencies are diverse and different, and even the various departments within those agencies have different responsibilities and opportunities for interaction with KP members. Often KP members prioritize training the units that come into contact most with their communities—such as Community Policing Units—or individual officers who have several hot spots in their jurisdiction. KP members may also wish to prioritize specific units or individuals known for perpetrating



#### Determining who will be trained in Malawi

In Malawi, KP-led and -serving CBOs developed a list of the law enforcement units their community members interact with most often. Senior law enforcement officers then added units and individuals tasked with accountability, officer training, and office operations to ensure that the information and skills introduced to senior officials during the training would be shared with junior officers and incorporated into station procedures and training materials.

violence. Inviting individuals who work with victims of violence, referred to in some contexts as Gender Desk Officers, is also important. They will need to be able to offer nonstigmatizing services to KP members who report abuse. Both KP members and senior law enforcement officials should be given an opportunity to inform who will be trained.

As much as possible, the training should include case studies and discussions relevant to those officers being trained. For example, if you are training officers who are part of a tourism-focused unit, you may decide to add new case studies that describe interactions between law enforcement and KP members in popular tourist settings. Basing new case studies on real-life experiences of KP members will be helpful (although the identity of a specific KP member should never be discernable). Panel members (in Session 2.7) may also focus on their communities' interactions with a specific law enforcement agency or department during their remarks.

**Number of participants.** The training is designed to be highly interactive, with opportunities for everyone to share their thoughts in pairs, small groups, or plenary sessions. The more participants, the longer the amount of time needed for many activities to ensure that everyone may fully engage. We recommend training between 25 to 40 people at a time.

**Literacy levels.** The training slides and activities should be adapted for the literacy level of the officers being trained. Reviewing the slides with local facilitators—especially former or current law enforcement officers—is an important opportunity to rephrase or simplify language. Many activities that require reading can be done in large or small groups so that officers with higher literacy levels can assist others. As desired, for longer readings like Amanda's Story ([Exercise Card 3](#)), the facilitator could ask that someone come to the front and draw pictures of the story as it is read. In addition, whenever large group discussions occur, the questions can first be discussed in pairs. This gives those who may have less confidence in their contributions the opportunity to work through the issue together before sharing in a larger group.

Skilled facilitators will take the time needed to ensure that participants understand the content, including written portions. The adaptations needed may require that the training be extended past three days, which should be discussed and agreed upon during the planning process.

**Piloting is key!** An adapted version of the training should be pilot-tested with a representative group of participants who are given the opportunity to provide feedback and suggest revisions before the final version is developed and rolled out. This will help address all the issues above.



#### Adaptation for literacy in Dominican Republic

In the Dominican Republic, law enforcement officers preferred a visual aid—the problem tree in *Session 2.3*) showing how biases and inequalities are at the root of violence against members of key populations—to stories illustrating these points. The tree became a central part of each training and was kept up on the wall for easy reference.

## Selecting Facilitators

As you identify trainers, strongly consider having workshops jointly led by both KP members and law enforcement officers who have been trained as trainers (or indicate a desire to be trained in facilitation skills). It may be possible to train trainers as part of the piloting process. When this is possible, the trainers' ability to influence the training—via suggested revisions during the pilot—can also increase their fidelity during training rollout. Those selected as facilitators should be comfortable with the content of the training and with supporting participants to share their opinions and questions in an environment that facilitates learning and exploration.

One of the most valuable parts of the training is the opportunity for law enforcement to become more familiar with local laws, which are often misinterpreted, misapplied, or simply unknown. If possible, have a local human rights lawyer facilitate at least the portion of the training on local laws (*Session 2.4: Rights and Laws in the Local Context*). However, they may not know how specific laws are interpreted and/or may not be aware of opportunities for law enforcement officers to use their own personal discretion. For example, are officers able to decide when it is appropriate to warn instead of arrest in some circumstances? Thus, it is also important for senior law enforcement personnel to share these insights in an official way at some point during the training.



### Selecting facilitators in Malawi

In Malawi, a CBO with strong leadership from the lesbian, gay, bisexual, and transgender (LGBT) community had experience sensitizing law enforcement. Staff from the CBO co-facilitated the training and identified a local human rights lawyer to present on local laws. The lawyer and the CBO staff also worked together to coordinate and facilitate the panel discussion with KP members (*Session 2.7*).

When the training is implemented in a large geographic location, engaging several different human rights lawyers and senior law enforcement officers to speak at different trainings may be most effective. This can help ensure the participation of individuals who live and work locally and, therefore, are more likely to speak knowledgeably about local issues and be trusted by those being trained. Locally based individuals may also be available for further consultation post-training.

## When to Train Law Enforcement Officers

This curriculum can be used as part of in-service or pre-service training. No training prerequisites are required, and it can be used at any time. Ideally, the training content is integrated into pre-service training. This ensures that all officers receive training, which is especially important in areas with high staff turnover. In some cases, law enforcement trainings such as this one have begun as in-service trainings and then been incorporated into pre-service training once buy-in was established.

In most cases, training law enforcement personnel should only occur once permission has been granted at the appropriate level, often from a senior official locally or nationally. In some circumstances, informal sensitization efforts have not required formal approval. This possibility will be dependent on the context and hierarchy in your location.

Beyond offering the training repeatedly to achieve broad coverage among officers, you may also consider mini-refresher trainings (10–15 minutes long) during existing law enforcement events—such as morning assignments—to continually engage with law enforcement officials post training and address the high level of turnover common among most law enforcement units. This has proven an effective reminder in some settings.



#### Pre-service training in Eswatini

While training in Eswatini began as in-service and was only offered when donor funds could support this effort, senior officials are now committed to offering KP-focused sensitization and skills building as part of pre-service training for all new officers. Not only will trainings reach more officers, this incorporation is also an important step in local ownership and sustainable programming as pre-service trainings are primarily funded by the government.

MODULE 1:

---

# Setting the Stage

## MODULE 1:

## SETTING THE STAGE

### Introduction

This module sets the stage for a successful and collaborative training. Officers hear from senior officials on the importance of the training topic, get to know one another, and share what makes them proud of their work as law enforcement officers. They also review the agenda and take a pre-test to determine their baseline knowledge and attitudes. Finally, they begin to think about whether a positive model of interaction between KP members and law enforcement is possible.

**This module includes the following sessions and learning objectives:**

#### Session 1.1 Welcome and Introductions

- Introduce ourselves and discuss the role of law enforcement in [country]

#### Session 1.2 Pre-Test

- Determine baseline knowledge and attitudes

#### Session 1.3 Learning Objectives and Agenda

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

#### Session 1.4 Group Norms

- Develop and agree upon norms to guide the training

#### Session 1.5 What Is Possible?

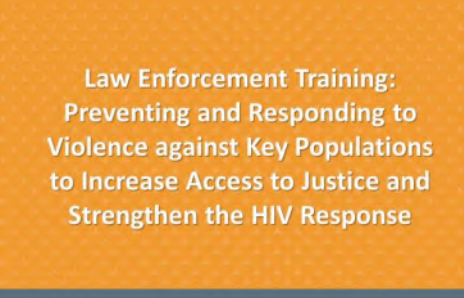
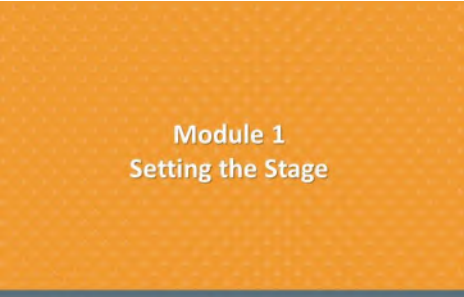
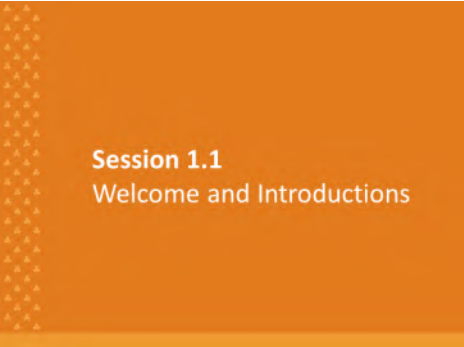
- Observe positive relationships between law enforcement and KP members in other settings and consider opportunities at home

## Session 1.1: Welcome and Introductions

Time: 30 minutes

### Materials

- Slide presentation
- Opening remarks by senior law enforcement official
- Name tags for participants and/or name tents
- Flip chart and markers
- Flip chart titled “Why I’m proud to be a law enforcement officer”

<ul style="list-style-type: none"> <li>• Welcome everyone to the training and thank them for being there. If a high-level official is present, have them speak first to give words of welcome that stress the importance of the training’s content.</li> <li>• If possible, you may want to help the official prepare remarks in advance so they mention this training helps law enforcement agencies fulfill their mission (for example, if “serve and protect” is the mission, then the officer could say this training makes sure that all individuals are served and protected).</li> <li>• The official may also want to discuss the importance of collaboration between and among government institutions, including those working on public security (law enforcement) and public health (Ministry of Health, National AIDS Commission, etc.).</li> </ul>	 <p>Law Enforcement Training: Preventing and Responding to Violence against Key Populations to Increase Access to Justice and Strengthen the HIV Response</p> <p>USAID PEPFAR LINKAGES fhi360</p>
<ul style="list-style-type: none"> <li>• Thank the official for their commitment and support.</li> <li>• Show slide and explain: <i>We will start with Module 1: Setting the Stage.</i></li> </ul>	 <p>Module 1 Setting the Stage</p> <p>USAID PEPFAR LINKAGES fhi360</p>
<p><b>Launch training</b></p> <ul style="list-style-type: none"> <li>• Show slide and have facilitators introduce themselves.</li> </ul> <p><b>Share announcements and logistics (e.g., restrooms, sign-in sheet)</b></p> <ul style="list-style-type: none"> <li>• Describe the location of restrooms; if possible, determine in advance if there are gender-neutral</li> </ul>	 <p>Session 1.1 Welcome and Introductions</p> <p>USAID PEPFAR LINKAGES fhi360</p>

<p>bathrooms that can be used by trans participants or others if this is their preference.</p> <ul style="list-style-type: none"> <li>● Ask everyone to sign the sign-in sheet.</li> <li>● Thank staff members who handled logistics and helped set up for the training.</li> <li>● Ask if there are any questions.</li> </ul>	
<ul style="list-style-type: none"> <li>● Explain that each session has an objective.</li> <li>● Read objective.</li> </ul> <p><i>[Note to the facilitator: Green text on the slide should be replaced in preparation for the training.]</i></p>	<p>Objective</p> <p>Introduce ourselves and discuss the role of law enforcement in [country]</p> <hr/>
<ul style="list-style-type: none"> <li>● Show slide and ask everyone to introduce themselves including their name, role/organization, and district/area where they work. Ask them to also include the reasons they are proud to be a law enforcement officer.</li> <li>● Write each reason on flip chart paper and refer back to it throughout the training. They will likely say such things as: “I keep people safe,” “I promote peace,” “People come to me for help,” and/or “I have a challenging job that allows me to solve problems.” These are statements you can refer to during the training when talking about how important law enforcement officers are to the safety and well-being of KP members.</li> <li>● If you think participants may not feel proud of their work—in some contexts, to be a law enforcement officer is not a source of pride—you may choose to ask instead: “What would happen if there were no law enforcement officers in [country]?”</li> </ul> <p><i>[Note to the facilitator: If you are working with a specific department or agency, you may wish to make this question more specific. For example, you might ask: “What would happen if there were no [specific law enforcement agency attending the training] in [country]?”</i></p>	<p>Introductions</p> <ul style="list-style-type: none"> <li>● Name</li> <li>● Title</li> <li>● District/area you work</li> <li>● One reason you are proud to be a law enforcement officer</li> </ul> <hr/>

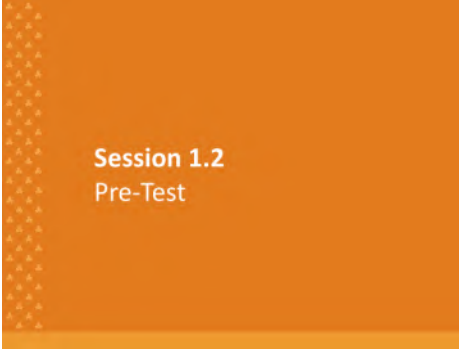


## Session 1.2: Pre-Test

Time: 10 minutes

### Materials

- Slide presentation
- [Handout 1](#): Pre-Test/Post-Test


<ul style="list-style-type: none"><li>• Explain: It is now time for the pre-test.</li></ul>	
<ul style="list-style-type: none"><li>• Show slide and explain: We will use this test to understand participants' current knowledge and attitudes toward several topics.</li></ul>	<p>Objective</p> <p>Determine baseline knowledge and attitudes</p>
<ul style="list-style-type: none"><li>• Show slide and explain: To learn how well we are doing with trainings, we ask participants to complete a pre-test at the beginning and a post-test at the end.</li><li>• The information you provide on these is confidential and will not be shared with anyone outside the facilitation team.</li><li>• We only use this information to help us understand the training needs of participants and to find out if we are accomplishing the learning objectives.</li><li>• You don't need to write your name on the pre- or post-test.</li><li>• Do you have any questions before we begin?</li><li>• Distribute printed pre-tests (<a href="#">Handout 1</a>).</li><li>• Give everyone about 10 minutes to complete the pre-test.</li><li>• Collect the completed pre-tests.</li></ul>	<p>Pre-Test</p> <ul style="list-style-type: none"><li>• Do not write your name.</li><li>• Fill out pre-test.</li><li>• When finished, place face down on your table.</li></ul>

## Session 1.3: Learning Objectives and Agenda

Time: 10 minutes

### Materials

- Slide presentation
- [Handout 2](#): Participant Agenda

<ul style="list-style-type: none"><li>• Explain: We will spend two/three days together, and we have a lot to cover.</li><li>• This is an interactive training. We will be doing a lot of activities including small group exercises, large group discussions, and other activities that involve participants talking and interacting with each other.</li><li>• Although we may use slides to complement and facilitate our discussions, much of our work and learning together will be through interaction and discussion.</li><li>• My/our role as facilitator(s) is to provide information, facilitate activities that allow everyone to learn new information, and create a positive learning environment where everyone feels supported and energized.</li><li>• If facilitator is not speaking in the first language of training participants, explain that an interpreter will be used and participants should not hesitate to share questions they have or to ask for the material to be presented more slowly.</li></ul>	
<ul style="list-style-type: none"><li>• Show slide and explain: During this session, our objective is to understand what we're trying to achieve in this training and how the training will allow us to achieve it.</li><li>• This is the objective of this specific session, but we will be describing the overall goal and objectives of the entire training.</li></ul>	<p><b>Objective</b></p> <p>Review training goal and objectives and discuss how modules will help us achieve all objectives</p>

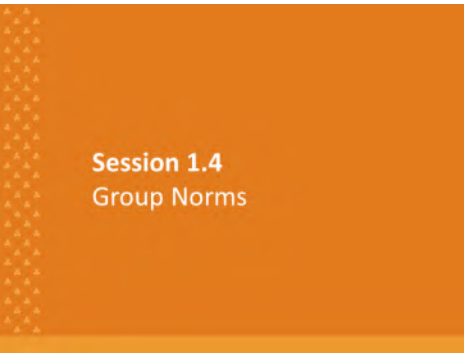
<ul style="list-style-type: none"> <li>• Show slide and explain that the goal on the slide is the overarching goal for the entire training.</li> <li>• Ask a participant to read the goal out loud. Then ask if anyone knows what you mean by “key populations.”</li> <li>• After giving time for people to guess, explain that you’re talking about key populations most affected by HIV.</li> <li>• Then click slide again to show the key populations list. Explain that you’ll be talking about specific HIV prevalence rates in [country] in Module 2.</li> </ul> <p><i>[Note to the facilitator: In the work done with law enforcement senior officials before training implementation you will have discussed how this training can meet the needs of local law enforcement. For example, there may be extended content on how law enforcement officers can protect themselves from HIV infection or access treatment. Ensure that these additional goals are reflected here.]</i></p>	<p><b>Training goal</b></p> <p>To encourage policing practices that promote justice and improve the HIV response, including for members of key populations (KPs), in order to respect human rights and ensure public safety.</p> <p>Key populations are</p> <ul style="list-style-type: none"> <li>• Men who have sex with men</li> <li>• Sex workers</li> <li>• People who inject drugs</li> <li>• Transgender (trans) people</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and explain: <b>These are the objectives that will help us achieve our goal. Each session will help us achieve one or more of these objectives.</b></li> <li>• Ask a participant to read each objective out loud.</li> </ul>	<p><b>Training objectives</b></p> <ul style="list-style-type: none"> <li>• Recognize the HIV infection risks that law enforcement officers face and gain skills to limit their own and others risk of HIV transmission</li> <li>• Explore the underlying causes of stigma, discrimination, and violence against key populations and the connection with HIV</li> <li>• Develop strategies to collaborate with traditionally underserved communities to improve policing practices and outcomes</li> <li>• Describe KP members’ rights to protections and services according to the national constitution, local laws, international human rights treaties, and national guidelines or strategies governing the HIV response</li> <li>• Strengthen their response to all victims of violence, including members of KPs</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and distribute <a href="#">Handout 2</a>: Participant Agenda. Go through the agenda to show individual sessions within modules.</li> <li>• Explain: <b>We will begin by getting to know one another and our objectives—what we are doing now—then we will focus on building our knowledge of core topics. After this, we will develop and use new skills. And finally, we will talk about how to take what we learn here back to our work.</b></li> </ul>	<p><b>Agenda review</b></p> <ul style="list-style-type: none"> <li>• Module 1: Setting the Stage</li> <li>• Module 2: Building Core Knowledge</li> <li>• Module 3: Applying Principles and Building Skills</li> <li>• Module 4: Using What We Have Learned</li> </ul> <hr/>

## Session 1.4: Group Norms

Time: 10 minutes

### Materials

- Slide presentation
- Flip chart and markers
- Flip chart titled “Group Norms”
- Flip chart titled “Parking Area” or “Garden of Ideas”

<ul style="list-style-type: none"><li>• Explain: Now we move to establishing group norms that will help us work effectively together.</li></ul>	
<ul style="list-style-type: none"><li>• Read objective.</li><li>• Refer to the flip chart titled "Group Norms."</li><li>• Explain: Setting some ground rules or group norms at the beginning of a training is always a good idea to make sure we are all on the same page, maintain common values throughout the training, and ensure a positive learning environment.</li><li>• As a group, let's come up with group norms that we think are important for us.</li><li>• Write group norms on flip chart.</li><li>• If participants need prompting, consider asking, “What kind of training environment do we want for ourselves?” and “What kind of behaviors and attitudes do we want to encourage or discourage?”</li><li>• Suggested group norms. We will:<ul style="list-style-type: none"><li>– Keep everything shared in this training confidential</li><li>– Arrive on time to show respect to other people in the group</li><li>– Listen to different opinions</li><li>– Seek to practice active listening</li><li>– Switch off mobile phones and laptops during sessions</li><li>– Take care of ourselves and one another</li></ul></li><li>• If confidentiality is mentioned and written as one of the group norms, draw a circle around it. If not,</li></ul>	<p>Objective</p> <p>Develop and agree upon norms to guide the training</p> <hr/>

write “Confidentiality” in large letters on the flip chart.

- Explain: It’s important that participants feel comfortable sharing their thoughts. Some of us may have had experiences with violence or know people who have. Some may decide to share personal experiences. A commitment to confidentiality within the training group will help everyone feel more comfortable sharing their thoughts. We will keep these group norms posted so they are easily visible, and we can refer to them, if needed during the training.
- If “listening to different opinions” is not listed as a group norm, request to add it.
- If “taking care of ourselves and each other” is not added, request to add it and note: The topic of violence touches all of us, not just as law enforcement officials but also as individuals. We encourage people to walk out or take space as needed.

*[Note to the facilitator: Some programs have invited a psychologist to participate in the training to build stronger links to law enforcement and ensure that participants have someone to speak to if they need to process intense emotions during the training.]*



- Post the flip chart where it can be seen by all participants during the training.


## Session 1.5: What Is Possible?

Time: 30 minutes

### Materials

- Slide presentation
- Video (<http://www.msnbc.com/msnbc/how-police-can-help-prevent-hiv>)
- Stack of blank paper (printer paper) at each table (one page per participant)

<ul style="list-style-type: none"> <li>• Explain: Before we get started with this training, we want to think about what is possible. We are used to our own relationships with men who have sex with men, people who inject drugs, sex workers, and trans people, and it's helpful to see what has happened in other places around the world. We are going to watch a video about a collaboration between sex workers and police in Kenya; then we'll get your feedback.</li> </ul>	 <p>Session 1.5 What Is Possible?</p>
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read the objective out loud.</li> </ul>	<p><b>Objective</b></p> <p>Observe positive relationships between law enforcement and KP members in other settings and consider opportunities at home</p>
<ul style="list-style-type: none"> <li>• Say: Many of those working to address the global HIV epidemic—including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria—have stated that working with law enforcement is vital to an effective HIV response.</li> <li>• Such trainings are occurring all over the world, including in Africa, Asia, and the Caribbean.</li> </ul>	<p><b>Working with law enforcement globally</b></p> <ul style="list-style-type: none"> <li>• UNAIDS identified sensitizing law enforcement as a key component of the HIV response in 2012.</li> <li>• The Global Fund did the same in 2014.</li> <li>• Trainings to support law enforcement officers as they interact with key populations have been conducted all over the world:             <ul style="list-style-type: none"> <li>— Ghana, South Africa, Malawi, Tanzania, Kenya, Kingdom of Eswatini</li> <li>— Thailand, India, Nepal</li> <li>— Dominican Republic, Jamaica, Haiti</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Say: Collaborations between law enforcement and HIV programs are part of a global effort to increase partnerships between public health organizations and security forces. More partnerships are being called for by both those working in security and those in public health, as seen in articles co-authored by law enforcement officers and public health practitioners in the 2019 <i>Lancet</i>. When these groups work together, they can more</li> </ul>	<p><b>Combining forces</b></p> <p>Law enforcement and public health officials working together can more effectively achieve a common goal: the safety and security of the population.</p>  <p>Source: van Dijk et al., 2019.</p>

<p>effectively achieve their common goal: the safety and security of the population.<sup>26</sup></p>	
<ul style="list-style-type: none"> <li>• Say: Let's see one example of such a collaboration.</li> <li>• Play the video.</li> <li>• After the video plays, ask: What did you observe? In particular, what, if any, similarities did you see between Kenya and [country]?</li> <li>• If participants do not bring it up, probe using questions like: <ul style="list-style-type: none"> <li>– Were sex workers who you thought they would be?</li> <li>– Were you surprised that sex workers and police could work together?</li> <li>– Do police have relationships that allow them to collaborate with sex workers here?</li> </ul> </li> <li>• After 5–10 minutes of reflection, close by saying: What we learn during this training will help us think in a new way about what is possible in our own context.</li> </ul>	<p>A model for law enforcement and sex worker collaboration in Kenya</p>  <p><a href="http://www.mombasa.gov.ke/news/how-police-can-help-sex-workers">http://www.mombasa.gov.ke/news/how-police-can-help-sex-workers</a></p>
<p><i>[Note to the facilitator: Green text on the slide should be replaced in preparation for the training.]</i></p>	<p>Standing on the shoulders of giants</p> <ul style="list-style-type: none"> <li>• Describe preparatory work that happened before this training so that the training could take place</li> <li>• This is an opportunity to show the participants how much high level buy-in already exists for this effort</li> </ul>
<ul style="list-style-type: none"> <li>• Explain: Now that you've seen the goals of the training, you know what has been done in other locations and what initial efforts have occurred in our context, please tell me your personal goals for the training by writing them down on a piece of paper. After the next break we'll talk about how this training can address your goals, or how they might be addressed outside the training.</li> </ul> <p><i>[Note to the facilitator: Review the written expectations during the next break or lunch so that you can report back to the group on what they are hoping to get from the training. Writing up a summary of the expectations and referring to them throughout the training can help demonstrate your efforts to meet the group's needs and build buy-in for the content covered. If any participant expectations will not be met during the training, share this stated need with law enforcement leadership so they recognize it as a need that should be addressed elsewhere.]</i></p>	<p>Discussion: Expectations</p> <p>What do you want to get out of the training?</p>

MODULE 2:

---

# Building Core Knowledge



## MODULE 2:

## BUILDING CORE KNOWLEDGE

### Introduction

This module describes the HIV epidemic in the country in which the training is held and government-supported efforts to address the epidemic. To ensure officers know how to access services themselves and refer others to care, it covers prevention, testing, and treatment services available locally. It then explores who KP members are and why they are at greater risk for both HIV and violence; concepts related to sex and gender; links between rigid gender norms, stigma, discrimination, and violence; links between violence and HIV; and types of violence and other human rights violations commonly experienced by KPs. Participants also strengthen their knowledge of local laws and the constitution, particularly as they relate to the rights of KP members and the services that should be provided to them, including protection when they are victims of violence.

Content in this module on intimate partner violence (IPV) may help officers improve their support to both members of KPs and the general population who are experiencing IPV.

**This module includes the following sessions and learning objectives:**

#### Session 2.1 Basics of HIV: Epidemiology, Prevention, Available Services (OPTIONAL: Harm Reduction at Work)

- Review the epidemic in [country], including HIV prevalence levels among key populations
- Identify risks for HIV acquisition among law enforcement officers, prevention methods that decrease risk, and services available to support prevention, care, and treatment
- Review national strategic plan (e.g., from the Ministry of Health) to understand KP programs' goals and approaches and identify how/whether law enforcement agencies are recognized as part of the national HIV response
- OPTIONAL: Discuss the hazards associated with needle sticks and ways to avoid this potential exposure

#### Session 2.2 Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation: Understanding Ourselves and Each Other

- 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

**Session 2.3** Understanding Violence against Key Populations (Characteristics, Perpetrators, Causes, Consequences)

- 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 and discuss the role of law enforcement agencies in addressing HIV

**Session 2.4** Human Rights and Local Legal Context

- Identify local laws and constitutional provisions that outline the rights of all people
- Recognize the laws and policies that most affect KP members and discuss their common applications and misapplications
- Become familiar with strategies that KP members can use to counter the misapplication of these laws, including redress mechanisms

**Session 2.5** Recognizing and Challenging Violence in Law Enforcement/Key Population Interactions

- Recognize violence in common law enforcement interactions with KP members and reflect on how to improve such interactions

**Session 2.6** Focus on Intimate Partner Violence

- Recognize the ways in which 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

**Session 2.7** Panel Discussion with Key Population Members

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

*Note that if you condense this training into two days, you may still wish to have the panel discussion directly before lunch on the second day so that panel members can be introduced after a full day of the training, and they can stay for more informal conversations during lunch.*

## Session 2.1: Basics of HIV: Epidemiology, Prevention, Available Services (OPTIONAL: Harm Reduction at Work)

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- Flip chart titled “What have you heard about HIV and AIDS?”  
[Exercise Card 1](#): What Is Behind High HIV Prevalence Rates for Some Populations?

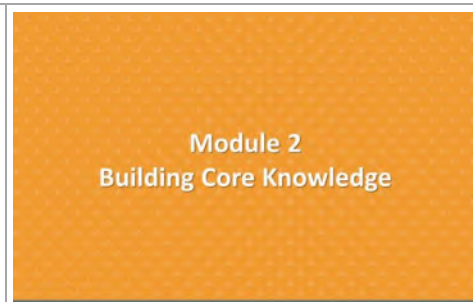
### Planning Ahead

This session requires that you add country-specific information on the HIV epidemic and HIV services available. If the training will also cover information on how law enforcement officers can decrease their risk of HIV, such as a condom demonstration, this content should also be added in advance. If you have preferred activities for introducing basic information on HIV and AIDS, these can be substituted for slides.

There are references in this session to additional content from United Nations Office on Drugs and Crime (UNODC) on preventing needle sticks. Modify the slides to reflect whether you add this content (for example, you will want to remove the relevant objective if you do not include this content).

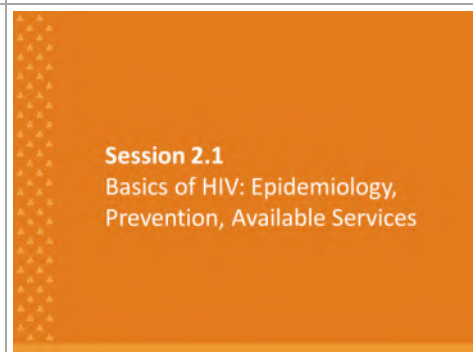
As the training facilitator, you may also wish to bring commodities, such as condoms and lubricants, for the participants. This can be agreed upon with senior law enforcement leadership in advance.

- Explain: We will now move on to building our knowledge on this important topic.



*[Note to the facilitator: Depending on the participants' knowledge about HIV and AIDS, this session may be very brief.]*

- Show slide and explain: We'll be talking about some basics regarding HIV, including how HIV is transmitted and how transmission can be prevented, which groups are most likely to be living with HIV in [country], and HIV-related services that are available. We'll also talk about how we, as law enforcement, can work in collaboration with other



<p>government actors, such as the Ministry of Health, to achieve our common goals.</p>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read each objective out loud.</li> </ul>	<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Review the HIV epidemic in [country], including HIV prevalence levels among key populations</li> <li>• Identify risks for HIV acquisition among law enforcement officers, prevention methods that decrease risk, and services available to support prevention, care, and treatment</li> <li>• Review national strategic plan (e.g., from the Ministry of Health) to understand KP programs' goals and approaches and identify how/whether law enforcement agencies are recognized as part of the national HIV response</li> <li>• Optional: Discuss the hazards associated with needle sticks and ways to avoid this potential exposure</li> </ul>
<ul style="list-style-type: none"> <li>• Show slide and explain: To have a conversation about law enforcement and HIV, we need to begin by having a shared understanding of HIV.</li> <li>• Let's start by listing some of the things we have heard about HIV and AIDS.</li> <li>• Elicit responses from participants and record on flip chart titled "What have you heard about HIV and AIDS?" Make sure participants know that they can share anything, not only information that they know to be accurate.</li> <li>• Explain: We'll come back to these shortly to see whether what we hear about HIV and AIDS is accurate. Now let's review some basic facts.</li> </ul> <p><i>[Note to the facilitator: If, based on these answers or your knowledge of the participants, it seems people understand the basics of how HIV is transmitted and how to prevent HIV, you can abbreviate that part of this slide deck.]</i></p>	<p>Discussion: What have you heard about HIV and AIDS? (Part 1)</p> <p>What are some statements you have heard about HIV and AIDS?</p>
<ul style="list-style-type: none"> <li>• Show slide and explain: HIV stands for human immunodeficiency virus, and AIDS stands for acquired immunodeficiency syndrome. HIV is the virus that causes AIDS. AIDS is the collection of symptoms people exhibit when HIV has weakened their immune system. A healthy immune system fights off infections caused by viruses, bacteria, and parasites such as malaria. An unhealthy immune system cannot effectively fight these infections. This causes an HIV-infected person to become weaker over time. Eventually, one can die from these opportunistic infections.</li> <li>• Ask: What is the difference between HIV and AIDS? Elicit responses.</li> </ul>	<p><b>HIV vs. AIDS</b></p> <p>What is HIV?</p> <ul style="list-style-type: none"> <li>• Human Immunodeficiency Virus</li> </ul> <p>What is AIDS?</p> <ul style="list-style-type: none"> <li>• Acquired Immunodeficiency Syndrome</li> </ul> <p>What is the difference between HIV and AIDS?</p>

- **Explain:** A person with HIV may show no physical symptoms of any disease for a long time. This stage of infection is called asymptomatic (meaning: no symptoms). When a person is infected with HIV, they may look well and feel healthy like any other person. Without treatment and after continued attacks by HIV on the immune system, the person may develop other illnesses and symptoms and get weaker: HIV infection has then progressed into the stage called AIDS.
- If a person with symptomatic HIV or AIDS has no access to medicines, care, and support, the person will most likely die.

*[Note to the facilitator: If you have other slides that you like to use to explain the basics of HIV and AIDS, please substitute those here.]*

- Show slide and explain: HIV is not spread easily. Only certain body fluids from a person who has HIV can transmit HIV. For infection, one of five body fluids of an HIV-infected person needs to enter the body of another person. Even if this happens, there is only a chance that transmission occurs—it is never a 100 percent certainty.
- The most efficient way for HIV to be transmitted is if HIV-infected (and nonvirally suppressed) blood directly enters the bloodstream of a noninfected person who is not on pre-exposure prophylaxis (PrEP) such as by sharing needles and syringes with an HIV-infected person, or by receiving a blood transfusion with HIV-infected blood.
- The easiest way for sexual HIV transmission to occur is through unprotected anal sex (i.e., no condoms, no viral suppression in the infected partner, no effective use of PrEP in the uninfected partner) between an infected and an uninfected partner.
- Unprotected vaginal sex also carries a risk for HIV transmission.
- The risk of HIV transmission through oral sex is extremely small, unless a person has bleeding gums or sores.
- The risk for the receptive partner in anal, oral, or vaginal sex is higher than for the penetrative partner.

**HIV transmission**

HIV is spread through direct contact with certain body fluids from someone who has HIV:

- Blood
- Semen and pre-seminal fluid
- Rectal fluids
- Vaginal fluids
- Breast milk

<ul style="list-style-type: none"> <li>Vertical transmission can also occur before or during birth (through blood) or after birth through breast milk if the mother is HIV positive.</li> </ul>	
<ul style="list-style-type: none"> <li>Show slide and explain: HIV does not survive long outside the human body (such as on surfaces), and it cannot reproduce outside a human host.</li> <li>Review the content on the slide.</li> <li>Ask: Who gets HIV? Elicit responses.</li> <li>Explain: Anybody who has engaged in risk behaviors and has been exposed to the virus can become infected. It is not related to class, age, education, profession, or ethnicity.</li> <li>The only exception to this is babies, who can become infected from their mothers without engaging in any behavior.</li> </ul>	<p>HIV transmission (continued)</p> <p>HIV is <b>not</b> spread by:</p> <ul style="list-style-type: none"> <li>Air or water</li> <li>Mosquitoes, ticks, or other insects</li> <li>Saliva, tears, or sweat</li> <li>Shaking hands, hugging, sharing toilets, sharing dishes/drinking glasses, or closed-mouth or "social" kissing</li> <li>Drinking fountains</li> <li>Other sexual activities that don't involve the exchange of body fluids (e.g., touching)</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>Show slide and explain: No cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled.</li> <li>Antiretroviral therapy is used to treat HIV. If taken the right way, every day, it can dramatically prolong the lives of many people living with HIV, keep them healthy, and greatly lower their chance of transmitting the virus to others.</li> <li>Today, a person who is diagnosed with HIV, treated before the disease is far advanced, and stays on treatment can live as long as someone who does not have HIV.</li> </ul> <p><i>[Note to the facilitator: The country team should include details on accessing HIV treatment locally.]</i></p> <ul style="list-style-type: none"> <li>Emphasize: You cannot rely on symptoms to tell whether you are living with HIV. The only way to know for sure if you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent acquiring or transmitting HIV.</li> </ul> <p><i>[Note to the facilitator: The country team should include details on getting an HIV test.]</i></p>	<p>HIV testing and treatment</p> <ul style="list-style-type: none"> <li><b>Testing:</b> You can't rely on symptoms to tell if you have HIV. The only way to know for sure that you have HIV is to get tested. <ul style="list-style-type: none"> <li>Knowing your HIV status helps you to make healthy decisions to prevent getting or transmitting HIV.</li> </ul> </li> <li><b>Treatment:</b> No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled.</li> <li>Country team to include details on getting HIV testing and treatment in their country, including pre-exposure prophylaxis and PEP. This will ideally be several slides, not just one. The more specific you can be (i.e., naming sites that provide specific services) the better.</li> </ul> <hr/>

- Show slide and explain: Now that we know what HIV is and how it's transmitted, let's talk about HIV in [country].
- Show country-specific slide(s) and review the content.

[Note to the facilitator: Add one or more slides explaining the HIV epidemic among the general population in the country.]

### 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]

- Show slide and explain: Now let's look at how HIV is affecting key populations. The high burden of HIV among key populations is well documented at a global level. Many of the reasons for these high levels are related to violence, something that we'll be talking about throughout this training.
- Review the content on the slide.

[Note to the facilitator: If you have national data for each KP group, you may skip this slide.]

### Key populations and HIV globally

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

Sources: 1. Joint United Nations Programme on HIV/AIDS, 2016. 2. Raul et al., 2013. 3. United Nations Office on Drugs and Crime, et al., 2017.

- Show slide and explain: Earlier, we looked at the HIV epidemic among the general population in [country]. Now, let's look at what we know about HIV among key populations here in [country].
- Show country-specific slide(s) and review the content.

[Note to the facilitator: Add one or more slides explaining the HIV epidemic among key populations in the country.]

### HIV among key populations in [Country]

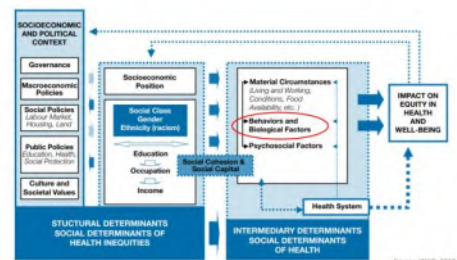
Specify which KP groups—men who have sex with men, people who inject drugs, sex workers, transgender people—are the focus of the national HIV/AIDS strategy in [Country].

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.

- Explain: Sometimes when HIV or any other health outcome—for example, diabetes, heart disease, or malaria—is discussed, we find ourselves asking what behaviors lead some groups to experience more disease. By this I mean, what are some groups doing that makes them more vulnerable to an illness while other groups don't have as much illness.
- This question—what behaviors can lead to more illness—is not wrong, but it will give a very limited answer because it doesn't take into account the many factors beyond behavior that can influence health. The World Health Organization (WHO)—an agency of the United Nations that focuses on international public health—wanted to know all the things that can influence health. They came up

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



with this model on the social determinants of health.<sup>41</sup> It shows us that an individuals' behavior is just one small part of what determines if they will be healthy.

- Click to show red circle around behavioral factors.
- Instead of discussing the model, we are going to do an activity that helps us think about the many things that can affect how healthy a person or community is.

*[Note to the facilitator: Some audiences may find this figure difficult to understand. That is OK. It is not important that they understand each element of the model presented. The figure is simply an opportunity to show that it is not only service user behavior that determines health, as participants will see when the same figure is shown again later with many more red circles.]*

*If "vulnerability" to illness is not understood, you can also talk about how likely someone is to have an illness. For example, people who live in places without clean drinking water are more vulnerable to having diarrhea and other diseases that can occur from drinking contaminated water. This means they are more at risk of experiencing diarrhea than someone who has access to clean drinking water.]*

- Explain: I'm going to divide you into five groups. Each group will receive two experiences that a person could have. The group members should choose which of these experiences is more likely to be a barrier to good health and which is more likely to support or facilitate good health. When I say health, I am including staying HIV negative. As we saw earlier, there are many ways that people living with HIV can protect their health through treatment but in this activity we're focused on HIV prevention.
- You will then present your answers. You will also need to explain why one experience facilitates health and the other is a barrier.
- Divide participants into five groups and distribute one set of experiences to each group (e.g., one group should have 4A and 4B, another will have 5A and 5B, etc.). A table with all the experiences is

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.
-



below. The versions to be printed and given to participants are in [Exercise Card 1](#).

- Give five minutes for discussion in small groups and then have each group share their answers.

*[Note to the facilitator: If the groups are struggling to understand how to do the activity or how to explain why one experience would facilitate health and the other would be a barrier, begin by looking at 1A and 1B together and then have only four groups discuss the remaining experiences. This will require that the facilitator alter the previous slide to have only four groups. In addition, if “facilitators of good health” is difficult for participants to understand, consider using other terms such as “health aids” or “health promoters” as column titles.]*

- As each group presents, put all the experiences that are barriers to good health in one column and all those that facilitate good health in the other column. It should look like the image at right.
- As groups share their explanations, you can refer to the table below for examples of why each experience would be a barrier or facilitator of HIV prevention specifically. If these reasons are not mentioned by participants; be sure to share them.
- Facilitators are all labeled with A and barriers are all labeled with B. If any group’s answer is not correct, take time to correct their answer, while explaining the correction.
- Now, encourage participants to look at the list of barriers and facilitators. Ask the group how many of the barriers to health are more common among KP members than members of the general population (i.e., individuals who are not members of key populations).
  - Many sex workers cannot seek help from law enforcement in case of rape, experience harassment from neighbors or family due to their profession, and experience stigma in health care settings. Many sex workers also experience homelessness.
  - Many men who have sex with men are forced to leave home as children or adolescents because their families reject them, increasing their risk of homelessness. It may be difficult

Facilitators of good health

Barriers to good health

1A

1B

2A

2B

3A

3B

4A

4B

5A

5B

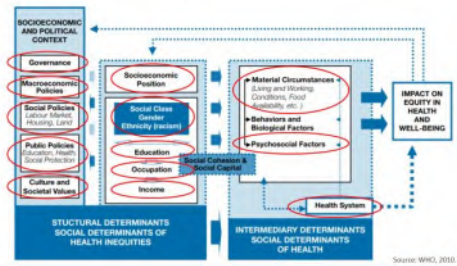
for them to report rape because many law enforcement officers believe only women can be raped or will end up arresting a man who they believe to be gay if he reports a crime against himself. Finally, many men who have sex with men report gossip or poor service from health care workers, limiting their desire to access services and ability to be honest with providers.

- Many people who inject drugs experience judgment or harassment from law enforcement officers or health care workers—making it difficult to look to them for help—and often experience violence and harassment from the public. Many people who inject drugs also experience homelessness.
- Transgender women experience high levels of homelessness beginning in childhood/ adolescence due to family rejection. Some law enforcement officers abuse transgender women, especially those engaged in sex work, making it difficult or impossible for them to seek support from law enforcement when they are victims of violence. Trans women are also often harassed in public places. Finally, many health care workers do not understand what transgender means and/or have negative attitudes toward transgender people. Trans women report that health care workers often call other staff to jeer at transgender people who present for services or refuse to serve them at all, making it difficult for transgender people to feel comfortable attending clinics.

Facilitators of health	Barriers to health	How does one of these experiences facilitate health while the other is a barrier to health, with a focus on HIV prevention?
1A. A person is accepted and supported by their family throughout childhood and adolescence	1B. A person is rejected by family and forced to leave home during their teenage years	<b>Cultural and societal values</b> , for example, related to the acceptability of homosexuality can lead parents to reject their children. Parents who reject children may influence that child's self-worth and self-esteem negatively leading to sexual risk-taking. <sup>42</sup> Parents' continued support for education can allow for more years of schooling, which is also associated with less vulnerability to HIV. <b>Education</b> can also provide opportunities to better understand HIV risk. Having more education also often means access to higher-income <b>occupations</b> .
2A. A person can safely seek help from the police if they are raped	2B. A person cannot safely seek help from the police if they are raped	Local laws and <b>governance</b> that criminalize members of KPs and <b>cultural and societal values</b> that lead to negative behavior from law enforcement can make it nearly impossible for some victims of crimes to safely seek police support. Not being able to seek support from the police limits access to services such as PEP that can prevent the acquisition of HIV. It also means that those who commit crimes, such as rape, know they can do so with impunity, increasing the risk that the violence will happen again. Sexual assault can lead to HIV infection. <b>Public policies</b> designed to protect men who have sex with men and sex workers are associated with reductions in HIV prevalence among men who sell sex. <sup>43</sup>
3A. A person can leave home without fear of verbal harassment	3B. A person feels afraid to leave home due to experiences of verbal harassment	Sometimes <b>cultural and societal values</b> lead to harassment and bullying of those who are considered outside of what is "normal." This is especially true if no <b>public policy</b> is in place to offer protection to marginalized groups. People who experience harassment are often unable to move freely due to fear of harassment, limiting their access to information or services that can help prevent HIV. Past experiences of harassment and verbal abuse—which could be the root of the current fear—are also linked to HIV risks such as sex without a condom. <sup>44</sup>
4A. A person feels comfortable talking about their sexual/drug use behaviors with a health care provider because they know the provider will listen nonjudgmentally	4B. A person feels uncomfortable talking about their sexual/drug use behaviors with a health care provider because they fear the provider will respond negatively	<b>Public policies</b> dictate the education that health care workers receive, affecting the <b>health care</b> available. Some health care workers are never taught to work with KP members and may also hold negative attitudes toward them due to <b>cultural and societal values</b> . When KP members cannot confide their sexual/drug use behaviors to their health care provider due to a fear that the provider will respond negatively, that provider will not be able to understand the needs of the service user and cannot give advice targeted to their needs. For example, if a health care worker does not know that someone is injecting drugs, they will not know to talk to this person about the importance of clean injecting equipment. In addition, fear of provider judgment keeps many KP members from seeking health services, such as HIV testing, at all. <sup>45</sup>
5A. A person has a home	5B. A person does not have a home	<b>Class, socioeconomic position, and policies</b> that do not prohibit housing discrimination may all influence whether someone has a home. <b>Macroeconomic policies</b> that affect how many jobs are available can also affect how many people experience homelessness. Homelessness is associated with HIV infection among people who inject drugs. <sup>46</sup> Sexual violence and higher risk sexual behaviors are common among individuals who are homeless. <sup>47, 48</sup> Sex workers who are homeless experience more violence than those who are housed. <sup>49</sup> Violence, as we will see throughout this training, both directly and indirectly increases HIV vulnerability.

- Show next slide and explain: The experiences we just discussed touched on every one of these other factors. Individual behaviors were not mentioned at all. This shows how important other factors can be.
- While not all KP members have these experiences, they are more common among this group. As a result, HIV prevalence rates in these communities are often higher than in the general population.
- In summary, sometimes we think about individual behaviors or biological risks to understand why someone would be more or less vulnerable to HIV acquisition. However, the laws and policies in a location, the cultural and societal values of that place, individuals' power and opportunities in society, access to services that do not stigmatize, and fulfillment of basic needs, such as shelter, and other factors all play a role in HIV prevalence. In this training, we will talk about how we can address some of these factors in KP members' lives to help end the HIV epidemic and improve the lives of those we serve.
- Ask if there are any final questions.

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



- Show slide and explain: Because of the level of HIV in our country and the high burden of HIV among key populations, our Ministry of Health has developed a national strategic plan on HIV and AIDS that recommends specific programs to meet the needs of KP members.
- Show country-specific slide(s) and review the content.

#### 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 officers at the training are aware of the activities that are sanctioned/supported by ministries (such as outreach and peer education/commodity delivery).

*[Note to the facilitator: This slide should be filled with relevant information about the country's national strategic plan on HIV and AIDS. Focus on what the plan says should be done for members of KPs. In particular, if the plan says they should be provided with condoms and lubricants, make sure it's clear to participants that peer outreach workers and others who work with KP programs are often doing ministry-supported outreach when they may be encountered by law enforcement (e.g., at a bar where sex workers are working). If the national strategy explicitly describes the role of law enforcement as partners in the national HIV response, this should be explained here.]*

*Depending on the amount of time available for the training, if law enforcement agencies are not explicitly named as part of the national HIV strategy, this can be an opportunity to discuss the impact of this absence and galvanize efforts to include them.]*

- Show slide: explain that you will now check whether the information you have just shared lines up with what people have heard. Refer participants back to the flip chart of statements they had heard about HIV and AIDs (from the beginning of the session).
- Explain: *Now that we have had a refresher on HIV, let's look back at the list of things we have heard about HIV and AIDS and determine whether they are fact or fiction based on the information we just covered.*
- Read each statement out loud and ask: *Is this true or false?* Cross through those that are false. If a statement is partially true, correct it so that it is now completely true, e.g., "There is no cure and no treatment for HIV" would become "There is no cure ~~and no treatment~~ for HIV."
- If any of the statements were not covered during the presentation, discuss them as a group and decide if they are true or false.

Discussion: What have you heard about HIV and AIDS? (Part 2)

- Look back at the list of statements that we made at the beginning of this session about what we have heard about HIV and AIDS.
- What is fact? What is fiction?

- Show slide and explain: *Now that we are all in agreement on the basics of HIV and we know that it can affect anyone, let's talk about the fact that law enforcement officers can also contract HIV.*
- Ask: *What are the biggest risks for exposure facing officers?* Record responses on a flip chart.
- Ask: *What do you think officers can do to lower those risks?* Record responses on a separate flip chart.

Thinking about our own risks

- What risks of HIV exposure do law enforcement officers face?
- What can officers do to lower those risks?

*[Note to the facilitator: If you're going to do a condom demonstration or show any other prevention techniques, do so at this time.]*

<p><i>[Note to the facilitator: This slide is optional. If law enforcement officers have interactions with people who inject drugs, use UNODC’s Training Manual for Law Enforcement Officials on HIV Service Provision for People Who Inject Drugs. Print out tables Part 1- Searching a person (begins page 21) and Part 2- Handling needles and syringes (begins page 24) from Module 2 Occupational Health and Safety: HIV and Hepatitis. This information can help them limit their risk of needle stick. Module 2 can be found at: <a href="http://www.unodc.org/documents/hiv-aids/LE_MANUAL_02.10.14.pdf">http://www.unodc.org/documents/hiv-aids/LE MANUAL 02.10.14.pdf</a>.]</i></p>	<p><b>Focus on avoiding needle sticks</b></p> <ul style="list-style-type: none"> <li>• Law enforcement officials working with people who inject drugs may face specific risks of HIV infection related to needle sticks.</li> <li>• Several steps can help avoid needle sticks.</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Summarize: We’ve dispelled myths and talked about how HIV can be transmitted including the specific risks that officers face, what can prevent transmission, and the HIV services available in [country]. We discussed HIV prevalence rates here and why key populations experience a greater burden of HIV. We’ve also talked about national strategic documents focused on HIV and what programs for KP members are supported by our government. Before we move to our next session, are there any final questions or reflections?</li> </ul>	<p><b>Questions and reflections</b></p> <hr/>

## Session 2.2: Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation: Understanding Ourselves and Each Other

Time: 90 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Exercise Card 2](#): The Last Post-Exposure Prophylaxis

### Planning Ahead

Because gender norms vary by culture, it's important to do some thinking in advance about the gender norms in your setting. Many of the examples here come from a western context (e.g., long hair is considered feminine, short hair is considered masculine) and might not resonate with the training participants. As you identify the gender norms in your culture, you may decide to include photos in the presentation to give concrete examples of these norms (e.g., photos of how boy versus girl babies are dressed by their parents). In addition to gender norms, this session touches briefly on other identities or characteristics that may affect how law enforcement interacts with individuals. Think, in advance, about characteristics such as age, race/ethnicity, and religion that may be important to acknowledge when discussing inequitable access to justice.

- **Explain:** In this session, we will spend some time talking about core concepts related to sex and gender and what these concepts mean for members of KPs and all of us. Understanding these concepts is important because they will help us understand the violence that KP members experience. They can also help us understand ourselves.

- Show slide and ask a participant to read each objective out loud.

#### 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

- Show slide and explain: In this activity, we'll think through the concepts of sex and gender, two commonly confused words that have important and different meanings.
- Divide participants into two or more groups (about six to eight per group).
- Explain: Each group should select an artist. That person, taking directions from the group about what to include, will draw either a woman or a man, as assigned by me.
- Instruct the groups to make sure they add details that clearly distinguish the figure as a woman or a man using body shape, clothing, and anything else they can think of.
- Assign the groups "woman" or "man" and give them 5–10 minutes to draw their woman or man.
- This activity is usually a lot of fun, and participants might want to name their man or woman to make it easier to refer to them throughout the session.
- Once all the groups have completed their drawings, have them return to their seats. One person from each group should present the man or woman drawing, describing what makes them clearly a man or clearly a woman.

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.

- Show slide and explain: Before we talk further about these drawings, let's look at some definitions related to sex and gender.
- Ask: What do we mean by sex? I don't mean the "act of sex." I am referring to the biological sex of an individual. What am I talking about? Elicit responses.
- Click slide again to show and review the definition.
- Emphasize: We often focus on the anatomical because that is what is easiest to observe. For example, when we talk about anatomical, we're referring to physical characteristics we can see, such as genitalia. However, chromosomal and hormonal characteristics are also used to classify an individual as female, male, or intersex.
- Ask: Is anyone familiar with the term intersex? What does it mean? Click slide again and review the definition.
- Explain: Many people are accustomed to thinking that everyone is either male or female, but this isn't backed up by science. When scientists consider all of the aspects that determine

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.

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.





biological sex, up to 2 percent of people are intersex. This is because chromosomal or hormonal patterns differ from the binary of male/female more often than just reproductive anatomy.

*[Note to the facilitator: In case there are questions from the group about intersex, you can refer to the article "How Sexually Dimorphic Are We?".<sup>50</sup>*

*"We surveyed the medical literature from 1955 to the present for studies of the frequency of deviation from the ideal male or female. We conclude that this frequency may be as high as 2% of live births. The frequency of individuals receiving 'corrective' genital surgery, however, probably runs between 1 and 2 per 1,000 live births (0.1–0.2%)."*

- Show slide and ask: **If sex refers to the biological aspects of a person, what do we mean by gender?** Elicit responses.
- Click slide again to show and review the definition.
- Emphasize: **Sex is biologically defined while gender is culturally defined.**

### 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.

- Show slide and review definition.
- Explain: **Gender identity is part of each of us, and it's something that is deeply felt and personal.**
- Review the content on the slide.
- Explain: **Gender identity, just like biological sex and gender expression, exists on a continuum. Some people feel strongly that they are a man or a woman, and some feel that they are both or neither. When a person's gender identity does not align with the sex they were assigned at birth, the person may identify as transgender.**
- Ask if there are any questions.
- If there is a local celebrity or other known person who is openly transgender, you may consider mentioning this person, particularly if they are well regarded.
- Explain: **Being transgender is not a choice, each of us has a gender identity that we feel deeply about. Our gender identity is not determined by how our parents raised us. But the role that parents of trans children play is very important. Transgender children whose parents accept them are more**


### 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



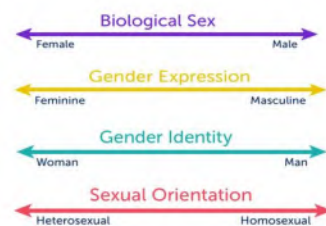
<p>likely to have good mental health than those who are not accepted by their parents.<sup>51</sup></p>	
<ul style="list-style-type: none"> <li>• Show slide and explain: Beyond a person’s biological sex, we can see by the drawings from our activity that there are common ways women and men express their gender through appearance, behavior, and disposition.</li> <li>• Ask: Do gender and expressions of gender vary between cultures? Elicit responses.</li> <li>• Provide an example of varied gender expression: In some places it is masculine to have long hair; in other places long hair is considered feminine. This also changes over time.</li> <li>• Emphasize: Like sex, gender and expressions of gender exist on a continuum. Some people like to dress and act in a hyper masculine way; others hyper feminine. Most of us are somewhere in between.</li> </ul>	<p><b>Gender expression</b></p> <p>Gender expression is the external display of one’s gender identity, through:</p> <ul style="list-style-type: none"> <li>• Appearance</li> <li>• Disposition</li> <li>• Social behavior</li> </ul> <p>A person’s gender expression may or may not be consistent with socially prescribed gender roles.</p> 
<ul style="list-style-type: none"> <li>• Show slide and refer back to the groups' drawings.</li> <li>• Instruct the groups to classify some aspects of each drawing as sex and others as gender expression.</li> <li>• Summarize: We’ve talked about the difference between sex and gender, what we mean by gender identity, and the different ways in which people express their gender.</li> </ul>	<p>Activity: Sex and gender: What’s the difference? (Part 2)</p> <ul style="list-style-type: none"> <li>• Refer back to the group drawings.</li> <li>• Circle those attributes that show gender expression in one color and those that show biological sex in another color.</li> </ul>

Examples of Gender Expression and Sex (these will vary depending on the context)		
	Man	Woman
<b>Gender Expression</b>	A specific stance (for example, arms crossed), short hair, short nails, type of clothing and shoes	Earrings, a skirt, long hair, long nails, high heels, a purse, a specific stance (for example, one hip out)
<b>Sex</b>	Tall height, strong arms, a penis and testicles, and facial hair	Breasts, vagina, wider hips

<ul style="list-style-type: none"> <li>• Show slide and explain: Now let’s talk about who we are attracted to, not how we think of or present ourselves.</li> <li>• Ask: What do we mean by sexual orientation? Elicit responses.</li> <li>• Click slide again to show and review the definition as well as the terms used to describe sexual orientation.</li> </ul>	<p><b>Sexual orientation</b></p> <p>An enduring emotional, romantic, or sexual attraction to another person of a different sex or gender, the same sex or gender, or more than one sex or gender.</p> <p><b>Terms often used to describe sexual orientation</b></p> <ul style="list-style-type: none"> <li>• Attraction to members of one’s own sex or gender (homosexual)</li> <li>• Attraction to members of the opposite sex or gender (heterosexual)</li> </ul> 
---	---

- **Emphasize:** Who someone is attracted to is not a choice. Therapies to change gay children or adults to make them heterosexual have been shown to cause emotional and psychological trauma and are not effective. Furthermore, the way someone is raised does not determine who they will be attracted to. While a parent’s acceptance of their children could make their children more likely to be open about their sexual orientation and therefore less likely to experience depression or commit self-harm, it will not change to whom they are attracted.
- Review the terms but note there are others, such as bisexual, that reflect the full spectrum of attractions.
- Remind the group: It’s important for us to remember that sexual orientation will not always align with sexual behavior. A female sex worker may be attracted only to other women but have male clients. Or, a man may be attracted only to men but feel the need to marry a woman because of societal pressures. He may consider himself heterosexual but also have sex with other men from time to time. In addition, specific sex acts are not limited by sexual orientation. For example, both same sex and different sex couples may have anal sex.

- **Show slide and summarize:** We said:
  - Sex refers to biological aspects.
  - Gender expression is how one chooses to express their sense of being male, female, or nonbinary.
  - Gender identity is one’s sense of self as being male, female, or nonbinary.
  - Sexual orientation is an enduring emotional, romantic, or sexual attraction to a person of another gender or sex, the same gender or sex, or both sexes and more than one gender
- **Emphasize:** Since each of these characteristics exists on its own continuum, we cannot assume that one will predict another. For example, just because someone is born biologically female does not mean this person will identify as a woman or have a feminine gender expression.



- It's important to understand and respect each person as an individual who can be anywhere on these continua.

- Show slide and explain: Now let's think again about gender, and not just as it relates to how we dress or look. Turn to the person next to you and answer each of the questions on the slide.
- Give participants about 5–10 minutes to discuss in pairs. If you are running short on time, you can assign each pair just one of the questions. Then go question by question and ask for volunteers to share their responses.
- After sharing, ask what the group observed about the responses. If it doesn't come up, explain that we are taught what is expected of us from a young age and then we see those expectations play out when we are adults (e.g., little girls are given kitchen toys and dolls and are expected to grow up to take care of the house). Gender comes with rules for boys and girls and men and women, and these are often quite distinct (e.g., men and women should be different) and limiting (e.g., men should be a certain way, and not a certain other way).

*[Note to the facilitator: Gender norms differ by country. In some countries, women have been encouraged to take on roles or professions that were traditionally masculine because those roles are often considered superior (e.g., leader, strong, brave) and are better compensated (e.g., lawyer/doctor versus teacher/nurse). In these situations, it may be harder for participants to see gender norms at work. One way to demonstrate the norms clearly in these more equitable settings is to focus on what would be unacceptable for men, as this is generally more rigid than what is unacceptable for women. For example, even in a setting where women are encouraged to work in high power jobs, men may still be looked down upon if they stay at home with children or if they handle all the household chores. A husband who earns less than his wife is also often considered to have given up part of his manhood. And even when girls are being encouraged to play with blocks and other more traditionally "boy" toys, boys who play with dolls are often still looked down upon.]*

#### Discussion: Gender norms

What are the "rules" for boys/men versus 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?

Examples of “rules” for men/boys versus women/girls (these will vary depending on the context)		
	Men/Boys	Women/Girls
<b>Toys</b>	Blocks, trucks, balls, guns, sticks	Dolls, babies, kitchen toys
<b>Emotions</b>	Calm, stoic, angry when needed	Happy, sad, scared, more emotive (“hysterical”)
<b>Professions</b>	Professors, doctors, lawyers, engineers, construction workers, drivers, plumbers, law enforcement officers	Grade school teachers, nurses, child care providers, maids, housewives, receptionists
<b>Contributions to family</b>	Earn money, discipline children	Take care of the children, provide children with affection, house work, cooking, shopping

- Show slide and explain: What you just described are called gender norms. They are expectations based on gender that tell us how to act, look, and feel as men/boys and women/girls. These are cultural messages. Not everyone abides by them, but we know they are there.
- Ask: How do we learn these gender norms? Elicit responses.
- Emphasize: We are all socialized to adopt certain gender norms from an early age. They are deeply entrenched in our society, culture, and in ourselves because we are part of the world. Gender norms shape our beliefs about how males and females should act, what they should look like, how they should feel, and how they should live.
  - For example, boys and girls start out interacting with their peer group in an affectionate way, but boys in many cultures begin to be less affectionate with other boys as they move out of childhood and into adolescence.
  - This happens because they get the message, from society, that boys should be independent and strong, and that expressions of love toward girls are acceptable but that an expression of love toward another young man would be a sign of weakness or possibly a sign of homosexuality.

#### 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?

- Show slide and explain: So how does this affect us? What do these rules about our behavior mean for our lives? As you could hear in the example about young men ceasing to have affectionate relationships with other young men, following these rules for our behavior or conforming to gender norms can cause harm.

#### 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

<ul style="list-style-type: none"> <li>● Ask: Let's think about it more broadly. How do the rules that we're all asked to follow harm both men and women?</li> <li>● Solicit responses from the group.</li> <li>● Click slide again to show and review examples. When reviewing the example about men not seeking help, make the point that this also affects HIV testing or accessing other health services.</li> <li>● Ask whether examples that did not come up in the brainstorm but are listed on the slide happen in [country].</li> </ul>	
<ul style="list-style-type: none"> <li>● Show slide and ask: Now we've talked about what happens if someone does conform. What happens when someone is seen as nonconforming to "rules" about gender? Elicit responses.</li> <li>● Show slide again and review examples. Say: <ul style="list-style-type: none"> <li>– They can be made fun of (e.g., to a man, "You cried in front of your friends! You're pathetic!")</li> <li>– They can be rejected (e.g., to a woman, "You're too assertive. You don't know your place and will not be a good member of our team.")</li> <li>– They can be abused physically and sexually (e.g., in some places homophobic rape is common, where perpetrators claim to be trying to "fix" the victim through sexual violence).</li> <li>– As a result, they can develop lower self-esteem and/or depression, which impacts their well-being and may also lead to self-harm, including suicide.</li> <li>– They can be denied services. This could include health or legal/justice services that they need access to because they've experienced violence.</li> </ul> </li> </ul>	<p>Discussion: Effects of gender norms (continued)</p> <p><b>What happens when someone is perceived as nonconforming to "rules" about gender?</b></p> <ul style="list-style-type: none"> <li>• Made fun of</li> <li>• Rejected</li> <li>• Abused physically and sexually (including murdered)</li> <li>• Develops low self-esteem/depression</li> <li>• Does harm to themselves or commits suicide</li> <li>• Denied services (including health and justice services that could help protect him/her from violence or provide support if violence occurs)</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>● Show slide and ask: How do gender norms increase risk for HIV among each key population? Elicit responses for men who have sex with men, female sex workers, women who inject drugs, and trans women.</li> <li>● Review some examples (there are many other correct answers in addition to the ones below): <ul style="list-style-type: none"> <li>– Health care workers' assumption that all male service users have sex only with women and/or their negative attitudes toward men who have sex with men can make it difficult for men who have sex with men to disclose same-sex sexual</li> </ul> </li> </ul>	<p>Discussion: Effects of gender norms (continued)</p> <p><b>How do gender norms increase HIV vulnerability among...</b></p> <ul style="list-style-type: none"> <li>• Men who have sex with men?</li> <li>• Female sex workers?</li> <li>• Women who inject drugs?</li> <li>• Transgender women?</li> </ul> <hr/>

<p>behavior to them. This means they cannot receive appropriate counseling and information to protect themselves from HIV.</p> <ul style="list-style-type: none"> <li>- For female sex workers, gender norms that paint sex workers as immoral are used to justify violence against them, increasing HIV risk due to sexual assault.</li> <li>- For women who inject drugs, imbalances in power mean they often inject after men, making them more likely to be the receptive partner in sharing needles or syringes.</li> <li>- Trans women are often poorly understood by KP programs that conflate them with men who have sex with men or do not mention them at all; this can make it difficult for trans women to find HIV prevention programs that are welcoming and meet their needs, limiting their access to services and information.</li> </ul> <ul style="list-style-type: none"> <li>● Emphasize: Within any culture, some gender norms can cause harm when people conform to them and when people are punished or marginalized for not conforming. For key populations, we see that the negative impacts of gender norms can be quite severe and include an increased risk for HIV infection.</li> </ul>	
<ul style="list-style-type: none"> <li>● Show slide and explain: When an individual or group is perceived to be acting in a way that doesn't conform to gender norms, they may experience stigma. Strong negative feelings about a person, group, or trait is called stigma.</li> <li>● When KP members, or others, are stigmatized, that is, they are shamed or disgraced because of their behavior, it's easy to see them as "less than" others and not valued as human beings that deserve respect.</li> <li>● Many people have been taught to stigmatize others; to judge or devalue others because they are seen as somehow outside of the norm.</li> <li>● Many people use gender norms to decide what is "normal" and then feel comfortable judging those who fall outside of these categories or norms.</li> <li>● When we do this, we are stigmatizing others.</li> <li>● And, when people are stigmatized by others, it makes them more vulnerable to discrimination and violence, as well as other human rights violations.</li> </ul>	<p>What is stigma?</p> <ul style="list-style-type: none"> <li>▪ Stigma is shame or disgrace directed at someone perceived as socially unacceptable or not conforming to norms.</li> <li>▪ Stigma refers to the strong <i>negative feelings or disapproval</i> that is linked to a specific person, group, or trait.</li> </ul> <hr style="border: 2px solid orange; margin-top: 20px;"/>

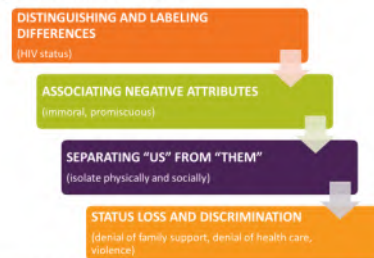
- Explain: Let's talk about the direct link between rigid gender norms, stigma, discrimination, and violence.
- We just talked about what we mean by stigma.
- Let's look at a definition for discrimination.
- Show slide and review the definition.
- Explain: We can think about stigma as being the negative feelings or beliefs toward a person or a group, and discrimination as the actions or behaviors taken as a result of stigma.

### What is discrimination?

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

- Show slide and explain: Let's look at how rigid gender norms lead to stigma, discrimination, and violence.
- The stigmatization process starts with labeling differences—for example, HIV status.
- Then attributes are associated with the status. (Someone with HIV is immoral; is promiscuous.)
- We use those labels to separate ourselves. (I'm not like that. I'm a good person. He is not.)
- And the person who is separated from the others now has lower status and is much more likely to experience discrimination.

### Stigmatization process



Source: Link & Phelan, 2001.

- Show slide and explain: So how does this relate to gender norms? When we're talking about gender norms, we are talking about the use of gender norms to distinguish differences. "See that girl over there; she has sex with a lot of guys. She isn't acting the way a woman should."
- What do you say about her? It's very likely we say the same things that are sometimes said about a person living with HIV. "She's immoral. She is promiscuous."
- And we see how quickly stigma results in discrimination and violence, particularly when KP members are perceived as "less than" others and not human beings that merit respect.
- And we also see how closely connected gender-related and HIV-related stigma can be.

### Stigmatization process with gender norms





- Show slide and explain: One way that stigma can manifest is violence. When violence is directed at someone because of biological sex, gender identity, or the idea that the victim doesn't conform to gender norms, we use the term "gender-based violence" or GBV.
- There are many working definitions for GBV. Let's look at the definition used by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).
- One of the most important things to note here is that GBV doesn't only affect women and girls.
- The other important thing to note is that it is rooted in power differentials. When someone has less power—including because they are discriminated against and excluded—they are much more vulnerable to violence.
- Review definition on slide.

#### 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.

- Ask: How might the effects of stigma be felt for KP members looking for help from law enforcement?
- Here is one example:
  - Imagine that I am a law enforcement officer who believes that a man who has sex with other men is not living as a man should.
  - A man comes to my station and discloses he has a male partner who is beating and threatening him.
  - Because of my belief that men who have sex with men are not following the "rules," I see him as deserving of the abuse he is experiencing, not as someone who needs and deserves the services that I can offer.
  - This affects my behavior. I tell him I will not take his statement and ask him to leave the station.
- So, we see that negative opinions about gay men and other men who have sex with men, also called homophobia, are not just attitudes. When people with power, such as law enforcement officers, have and act upon these opinions, they can cause terrible harm.
- Ask: What is likely to happen once this man is turned away?
- Give time to brainstorm; then click and review the impact. Note that the individual victim may have terrible outcomes, a crime will continue to be committed, and it's likely that poor treatment of

#### What might this look like among law enforcement?

- **Belief:** A law enforcement officer believes that men who have sex with other men are not following the "rules."
- **Impact:** A victim of violence will not get the services he needs, which could ultimately result in death or other harms. His partner, who is perpetrating violence, will likely continue to do so. The victim is unlikely to ever seek police help again and may tell others to avoid the police. This will affect law enforcement's ability to solve future crimes because it will negatively affect willingness to collaborate with them (e.g., share information).

one person will result in a larger community being unwilling to seek help from law enforcement or to work with them if they witness others committing a crime. All of these results prevent law enforcement from serving their purpose effectively.

*[Note to the facilitator: Speak to law enforcement officers and KP members during the training adaptation process to determine if this example is relevant in their setting. If not, replace this example with one that commonly occurs in their context.]*

- Gender norms are just one reason that stigma and discrimination may occur. What are some other characteristics such as disability, age, race that you have seen impact the way people might be treated if they seek services from law enforcement officers?
- Ask the group to come up with a list of characteristics that might affect how individuals are treated if they come in to report violence or any other crime.
- Then click to show the list on the slide.
- Note that: Society's views of different groups or individual characteristics are likely to affect the services that law enforcement officers provide and make it difficult to ensure that all people have access to justice. Access to justice can be especially difficult for an individual with many marginalized identities—for example, a sex worker who cannot read and is from a minority ethnic group. Recognizing that the same biases and stigmas that may negatively affect how law enforcement officers treat someone are also increasing that person's risk of violence, we see how important it is for law enforcement to be prepared to provide services to those who are most vulnerable.

*[Note to the facilitator: This is a superficial overview of many issues that could, by themselves, be the basis of much longer trainings. This training is not able to go into depth on these issues, and additional trainings should be arranged as needed.]*

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
-

- Click to show the title of the slide.
- Finally, let's do an activity to help us think through our own beliefs a bit more. In this activity, you and a partner are going to have to make a difficult choice. Before I tell you about your task, we need to have a common understanding of a drug that can help prevent HIV infection. That drug is called post-exposure prophylaxis or PEP for short. Does anyone know what PEP is?
- After taking answers, click to show the first bullet. As needed, explain that PEP can prevent HIV infection. It is for emergency use. For example, if someone who is HIV negative is exposed to HIV because they are forced to have sex without a condom, that person could take PEP to help prevent HIV acquisition. PEP should be started as soon as possible, and always within 72 hours of exposure.
- Click to reveal the second bullet and say: *Imagine you are the highest-ranking officer at the station one night. Five people are there, and each is a candidate for PEP. You only have enough for one person and must decide who you will give it to. Read each person's story and, with your partner, decide who will be given PEP. One person in your group should be prepared to share your choice and explain your reasoning.*
- Instruct people to pair up with the person next to them. Give each pair [Exercise Card 2: The Last Post-Exposure Prophylaxis](#) and then allow 5–10 minutes for pairs to decide on an answer. Have each group share their response and rationale.
- After everyone has shared, click to reveal the last bullet and say: *There is no one right answer to this activity. But who we choose to help can help us recognize our own values and biases. Often, we subconsciously, or consciously, decide that we're going to help the person who seems most deserving according to our views of the world. This can prevent us from making the decision that is most logical and most helpful. Decisions about PEP are ideally based on the risk of HIV exposure. Thinking back to the prevalence rates we saw earlier [have available the data that you presented in Module 1 on HIV prevalence in the country], all of the perpetrators are not equally as likely to be*

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 officer in charge at your station. There are five victims who all entered the police station 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?

living with HIV. In this situation, considering the likelihood of exposure based on HIV prevalence rates among different populations should be part of any decision made. Being aware of your own biases can help you know when they might be affecting your decisions.

*[Note to the facilitator regarding PEP: In [country], national guidelines may dictate that PEP is only available to those exposed to HIV occupationally; for example, a law enforcement officer who is stuck by needle when confiscating used injecting equipment. However, in some places, law enforcement officers are part of delivering PEP to victims of sexual assault and it's beneficial for them to know of its multiple uses. PEP may also be confused with pre-exposure prophylaxis (PrEP). An easy distinction is that PrEP is taken in advance of a potential exposure; PEP is only administered after a potential exposure and is for use in emergencies. In some cases, participants may explain they selected a specific service user because they believed that person was most likely to complete PEP's 28-day course. You can let participants know you will be talking about PEP in more detail in Module 3 and it's useful to think about any personal biases that may lead them to believe only some of the service users would complete the full course of the drug.]*

*[Note to the facilitator regarding use of the word "rape" in the scenarios: Participants may notice that in some of the scenarios the word "rape" is used. In others, it is not. However, all the scenarios describe rape (non-consensual penetration of the vagina or anus). Misconceptions about who commits rape (e.g., only strangers) and about consent (e.g., that someone who is unconscious can consent to having sex), laws that define rape as limited to vaginal penetration, or even the erroneous belief that sex workers cannot be raped can affect our beliefs about who deserves services. If participants bring up this difference between scenarios and there is time to discuss this topic, discussions of language and the impact of language on our biases can be an important conversation.]*

<ul style="list-style-type: none"> <li>• Ask participants to reflect on why they are proud to be law enforcement officers. Summarize the responses from the flip chart titled “Why I’m proud to be a law enforcement officer.” Emphasize the answers that show a commitment to meet the needs of their community and/or to help people who are the most vulnerable.</li> <li>• Ask: <i>Knowing that we have our own values and biases, how can we ensure that all people are able to benefit from our commitment to serve others?</i></li> </ul>	<p>Activity: The last PEP (debrief)</p> <p>Knowing that we have our own values and biases, how can we ensure that all those who come to us for support are able to benefit from our commitment to serve others?</p> <hr/>
<ul style="list-style-type: none"> <li>• In summary, we form opinions about others in many ways, including whether someone is following “rules” about gender. These “rules” vary over time and across cultures and many of the foundations for these beliefs—such as that all people are born male or female—are not actually supported by science.</li> <li>• Our opinions of others—which can also be based on race, class, religion, etc.—can affect how we treat them, and law enforcement’s opinions and actions determine who has access to justice.</li> <li>• If people don’t feel that they can access services from law enforcement, they will continue to suffer violence, and the perpetrators of crimes will continue to commit abuses. When this happens, we are not able to effectively fulfill our mission as law enforcement officers or to protect the most vulnerable.</li> <li>• We need to be aware of our biases and act in a way that allows all people to access our vital services.</li> <li>• Are there any questions or observations before we keep going?</li> <li>• End by saying that this session has focused on individuals interacting with other individuals, but that other factors—such as laws and policies—also have an important impact. These will be discussed in detail in later sessions.</li> </ul>	<p>Questions and reflections</p> <hr/>

## Session 2.3: Understanding Violence against Key Populations (Characteristics, Perpetrators, Causes, Consequences)

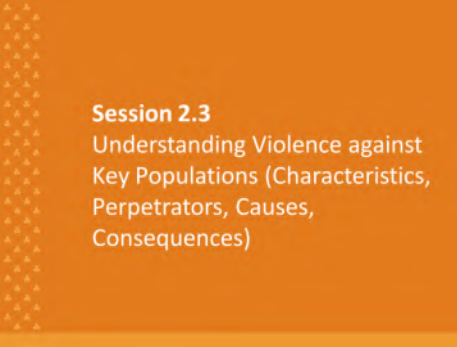
Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Exercise Card 3](#): Amanda’s Story

### Planning Ahead

If you are able to give more than 60 minutes to this session, consider including one or more videos in which KP members describe their own experiences of violence. The video [Hooking in Joburg](#) about the experiences of sex workers in South Africa is one example. If you have time for a short video only, [Melissa: Engage police officers to end violence against sex workers](#) is only 2:15 minutes.

<ul style="list-style-type: none"> <li>• Explain: In this session, we will deepen our understanding of violence experienced by KP members including common types, perpetrators, causes, and consequences—particularly direct links to HIV.</li> </ul>	 <p><b>Session 2.3</b> Understanding Violence against Key Populations (Characteristics, Perpetrators, Causes, Consequences)</p>
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read each objective out loud.</li> </ul>	<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Describe how stigma and discrimination based on gender can result in violence</li> <li>• Identify common types of violence experienced by KP members and perpetrators of that violence</li> <li>• Explain the link between violence and HIV and discuss the role of law enforcement agencies in addressing HIV</li> </ul>
<ul style="list-style-type: none"> <li>• Show slide and explain: <i>As officers, you are all aware of violence that occurs locally. We want to start this session by hearing from you about common types of violence here, especially violence against members of key populations. Elicit responses.</i></li> <li>• It’s likely the case that most of the examples given are of physical and sexual violence. Depending on whether this is the case, you can say: <i>Many of you</i></li> </ul>	<p><b>Types of violence</b></p> <ul style="list-style-type: none"> <li>• <b>Emotional:</b> humiliation, threats, making someone feel worthless or afraid</li> <li>• <b>Physical:</b> hitting, kicking, choking, use of a weapon</li> <li>• <b>Sexual:</b> unwanted groping, forced sex (including sex without a condom)</li> <li>• <b>Economic:</b> theft, not paying someone what is due to them, refusing to pay for a child’s basic needs</li> <li>• <b>Other human rights violations:</b> refusing services to someone, taking their condoms/injecting equipment, arbitrarily detaining them</li> </ul>

gave examples of physical violence (kicking, hitting, biting, use of a gun) and sexual violence (rape and other sexual assault). These are the kinds of violence that we usually focus on. But these are not the only types that occur, and they are not always the most damaging, even if they are the most visible.

- Click slide again and review each type of violence.
- Explain: To think more about violence against key populations and its impact, we're going to read and discuss a story.

- Show slide and explain: In your groups, you are going to read a story of a trans woman named Amanda. As we discussed, a transgender woman is a person who was assigned male at birth—the doctor said, “it’s a boy”—and who identifies as a woman.
- Click slide again to show Amanda when she can be herself and when she cannot be herself.
- Explain: Here you can see an image of Amanda when she is free to be who she really is, as well as when she does not feel safe being who she really is.
- Distribute [Exercise Card 3: Amanda’s Story](#) and explain either (1) as a large group, you are going to read the story aloud, paragraph by paragraph, or (2) each small group is going to read it once they come together. If literacy levels are low, read the story as a large group.
- Once you have given instructions or read the story out loud as a group, break participants into small groups (of no more than five to six) and assign one question to each. If you have more than four groups, have multiple groups answer the same question (i.e., both group 1 and group 5 could answer question 1). Ask them to write their answer on a large piece of paper and select someone to present back to the large group.
- Give everyone 15–20 minutes to answer their question. If they will also be reading the story in their small groups, allow 30–35 minutes for the small group work.

#### 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.



- After everyone has time to answer their question, have groups come up and present their answers. If more than one group answered question 1, have both groups present their answers before going to question 2.
- In case it is necessary for the facilitator to share examples or elaborate on answers, please refer to the examples below.

Example answers to **question 1** include:

Amanda's HIV vulnerability increased when:

- Her parents kicked her out; she had to engage in transactional sex to have a place to live.
- Edward refused to wear a condom; she was at risk for HIV infection.
- She was raped by the other inmates at the prison.

Amanda's HIV treatment was affected when:

- She could not get tested due to fear of Edward.
- She had to hide her medication.
- The nurse made her feel that she was irresponsible.

Example answers to **question 2** include:

- **Emotional:** parents said they would rather have a dead son than a gay son; Edward is constantly berating and threatening Amanda; nurse berates her
- **Sexual:** rape; forced to have sex without a condom
- **Physical:** beaten by Edward; students threw objects at Amanda
- **Economic:** kicked out of her home; cannot finish school because parents refuse to support her
- **Other human rights violations:** police arrested her for having condoms and lubricant; police do not ensure her safety while she is detained

Example answers to **question 3** include:

- Parents and family
- Edward
- Other inmates
- Police
- Daniel
- Men who come to Daniel's house
- Nurse

There is no correct answer to who had the biggest negative impact on her life. However, it's likely that

#### 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.



some groups will choose parents and family, police, or nurse. These individuals are in the position to cause the most harm because they should be providing protection to the most vulnerable, like Amanda.

Example answers to **question 4** include:

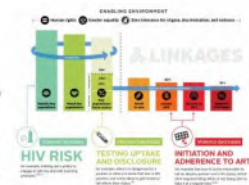
- **Emotional:** fear, sleeplessness, anxiety, depression; is not able to take care of her health; suicidal
- **Sexual:** HIV, STIs
- **Physical:** concussion
- **Economic:** homelessness, poverty
- **Other human rights violations:** cannot protect herself in sex work (cannot carry condoms and lubricant), severe abuse in jail

- Show slide and explain: **Before we keep going, I want to take a moment to show you what researchers have found out about the connection between HIV and violence. Studies from all over the world demonstrate that Amanda’s story is not unique. Violence increases HIV vulnerability, decreases testing uptake and disclosure, decreases adherence to ART, and causes many other health issues just as we observed with Amanda.**

### Violence affects the HIV epidemic

Violence:

- Increases HIV vulnerability<sup>1-8</sup>
- Decreases testing uptake and disclosure<sup>9</sup>
- Decreases adherence to ART<sup>9-12</sup>
- Causes a host of other health issues<sup>13</sup>



Sources: 1. Beattie et al., 2005. 2. Decker et al., 2013. 3. Decker et al., 2015. 4. Decker et al., 2016. 5. Durrillo & Decker, 2013. 6. Giambanco et al., 2011. 7. Isom et al., 2016. 8. White et al., 2014. 9. Schuler et al., 2011. 10. Muehler et al., 2012. 11. Mendonca et al., 2017. 12. Zullinger et al., 2015. 13. World Health Organization, 2015.

- Show slide and explain: **Amanda’s story didn’t take place in only [country]. It is a real story taken from the experiences of trans women in many different countries. But we know there are a lot of Amandas all over the world. Let’s look briefly at what we know about violence against KP members, not just trans women, in [country].**
- Show country-specific slide(s) and review content. Describe where the data come from and ask if there are any questions.

### Violence against Key Populations in [Country]

**Insert country-specific information/statistics about violence against key populations in [Country]. If there is specific data on violence perpetrated by law enforcement agencies, this data should also be added to this slide.**

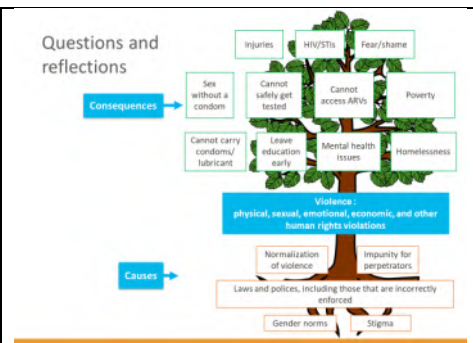
**Example slide from Malawi training:**

- 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, 3 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.

*[Note to the facilitator: As much as possible, the data you present on violence should have citations. If you have data on violence committed by law enforcement, make sure you can describe how the information was collected and when. If questions come up from participants, offer to look into the sources further, but stress that one of the most important ways to change behavior is to acknowledge what is actually occurring.]*

[Note to the facilitator: You may wish to draw this tree on a poster to hang on the wall so that it can be referred to and added to throughout the training.]

- Show slide and explain: We've covered a lot in this session, and sometimes it's helpful to have a visual representation to remember all we've learned. For this question and reflections, we're going to look at a problem tree that is a visual representation of Amanda's story. It shows the underlying causes of violence (the roots), the types of violence (the trunk), and the consequences of violence (the branches/leaves). You've described the branches and the trunk in the group answers, so I want to spend some time on the roots. Many of the roots of violence are revealed in Amanda's story; for example:
  - Gender norms/stigma based on gender norms: Amanda's parents' rigid gender norms lead them to kick her out of the house when they believe Amanda is gay.
  - Stigma against people living with HIV: Edward attacks Amanda because he finds her antiretroviral medicines (ARVs).
  - Laws: Like those that allowed Amanda to be arrested for carrying condoms and then held in a cell with male inmates.
  - Normalization of violence: Amanda's friends and Edward say his abuse is just a sign of love
  - Impunity for perpetrators: Edward tells Amanda the police won't help someone who is transgender; Amanda is afraid to ask the police for help when she is being raped.
- In closing, you now have a sense of what violence looks like in the lives of KP members, including how law enforcement's actions could increase violence. You'll have the opportunity to hear more from KP members during a panel that occurs [insert time], and you'll also have time to ask them questions.
- You also have a better sense of how the HIV epidemic is affected by violence and why you, as law enforcement officers, are such an important part of an effective HIV response. If we can't stop violence and can't get support to those who experience it, we won't have an effective response to the HIV epidemic.



- Finally, you now have a sense of the consequences of violence, so we can think about the services victims need and how to link them to care. We'll continue to talk about this throughout the training so that you feel comfortable making referrals to other institutions since no one organization can do everything.
- Ask if there are any questions before closing the session.

*[Note to the facilitator: Time permitting, you may consider showing a video or videos at this point. Introduce the video(s) by saying they are an opportunity for KP members to describe their experiences and needs in their own words. If you do show one or more videos, make sure to include time for participant reflection on the content.]*

## Session 2.4: Human Rights and Local Legal Context

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers

### Planning Ahead

This session should be organized prior to the training. It should be facilitated by a human rights lawyer and/or allied lawyer who is familiar with the human rights protections included in national-level policy documents that pertain to all people, including KP members. The person must also be knowledgeable about how law enforcement implements local laws that target or impact KP members. This presenter should also share strategies that law enforcement can use to counter the misapplication of these laws and highlight laws and national policies that protect key populations. If the HIV program implementing this training also has a “know your rights campaign” that focuses on educating and empowering KP members, consider sharing the materials and information with the officers trained so that they understand what KP members are learning and will be able to respond appropriately when KP members claim their rights. See the green text on the slide presentation to consider the specific information the lawyer should be able to speak to. If the local lawyer needs ideas on how to present information about the human rights of KP members, check out resources “[Sex Worker Rights Are Human Rights](#)” training developed by the Kenya Sex Worker Association and the Leitner Center for International Law and Justice.<sup>52</sup> You can also view [Annex 5](#) of this training document for an example of the relevant laws from South Africa.

- Explain: As we saw in our earlier activities, laws can also affect violence experienced by KP members and whether KP members feel safe seeking support from law enforcement.
- In this session, we will cover the human rights protections highlighted in [country’s] constitution and other national-level policy documents.
- We will also talk about local laws and how those laws are implemented.
- We have a local lawyer here who can help all of us understand some of the ways that laws can either harm or protect members of KPs and how to work within the local legal context.

Session 2.4  
Human Rights and Local Legal  
Context

- Show slide and ask a participant to read each objective out loud.

### Objectives

- Identify local laws and constitutional provisions that outline the rights of all people
- Recognize the laws and policies that most affect KP members and discuss their common applications and misapplications
- Become familiar with strategies that KP members can use to counter the misapplication of these laws, including redress mechanisms

*[Note to the facilitator: The slide in green was designed to help you contact a human rights lawyer who will give this session. You will not use this slide in the final presentation; replace it with slides needed for the session.]*

### The slides used here will be provided by a local lawyer

- The lawyer's presentation should cover:
- **Step 1:** What are human rights and what are human rights violations? (You can use or replace the next two slides as part of this step.)
  - **Step 2:** Where do we see human rights reflected in our country's constitution, local laws, and any international agreements that our country has signed? For example, what services does everyone have the right to (e.g., justice, health, housing)? Are some rights only guaranteed to citizens, while others are more broadly applied?
  - **Step 3:** What are the key local laws that impact key populations (MSM, PWD, SW, trans people)? What laws, including laws about human trafficking, are often misinterpreted or misunderstood and how should they actually be enforced?
  - **Step 4:** What attitudes/flexibility do law enforcement agencies have in how they enforce laws? For example, can they choose to warn instead of arrest if they see a violation? **NOTE THAT FOR THIS ONE YOU MAY WANT TO ENGAGE SENIOR OFFICERS OF LAW ENFORCEMENT DIRECTLY INSTEAD OF THE HUMAN RIGHTS LAWYER.**
  - **Step 5:** The rights of individuals, even if they are engaging in illegal behavior—particularly the right to be free from violence and the right to access services if violence occurs. (Provide language on the rights of all people.)
  - **Step 6:** What should a key population member do if they are arrested? What rights do they have (e.g., right to make a phone call, knowing why they were arrested, any limits on being held past a certain amount of time)?
  - **Step 7:** What can a key population member do if their rights are violated by the law enforcement (e.g., if arrested wrongly, if abused by law enforcement)? What can a law enforcement officer do if they see someone's rights being violated?
  - **Step 8:** Time for questions from participants.

*[Note to the facilitator: This slide is for use by the local human rights lawyer if they choose to use it. If useful for you or the lawyer, some general points that can be emphasized are below (from the REAct User Guide).<sup>53</sup>]*

- What are human rights?
  - Human rights are basic universal entitlements that all people have because they are human.
  - They are based on the idea that every person is equal and entitled to be treated with dignity and respect, regardless of their race, sex, gender, sexual orientation, age, disability, or any other characteristic.
  - Human rights apply to all people throughout the world at all times.
  - Human rights give people the freedom to choose how they live, how they express themselves, and what kind of government they want to support, among many other things.
  - They also guarantee people basic needs such as health, food, housing, and education. By guaranteeing life, liberty, and security, human rights protect people against abuse by those who are more powerful.
  - State institutions and representatives including government officials, law enforcement officers, army personnel, prison officers, civil servants, the judiciary, political authorities, and medical

### What does it mean when we say someone has human rights?

- A human right is a protection from certain abuses or a right to demand certain treatment.
- Human rights are granted to all people, simply for being human.



or education personnel in state-run facilities have the obligation to fulfill the rights of all citizens without discrimination.

- What are human rights violations? Human rights violations can occur through:
  - Failing to respect human rights: an act that does not respect an individual's human rights (e.g., arbitrarily depriving someone of their freedom or torturing them).
  - Failing to protect human rights: an indirect violation by omission (i.e., by not providing protection against systematic abuse committed by one group against another or by not promoting the rights of all citizens). Omission is negligence in performing the requirements of national or international law relating to the protection of human rights. In the case of omission:
    - The actual hurt can be committed by common citizens.
    - The state has a responsibility to act to stop these incidents and provide protection to the victims.
    - If the authorities don't do so, they are violating the rights of the victims by their omission.
- Failing to promote human rights: It is the state's duty to ensure laws that protect everyone without discrimination are enforced.
  - The state must also promote these rights to ensure that all citizens are aware of them and how they can claim them effectively.
  - The state and its representatives must ensure that the mechanisms for denunciation and redress are in place for all citizens to access.
- Failure to do all of these (e.g., by failing to undertake campaigns against social discrimination against a particular ethnic group or sexual minority) constitutes a violation of the state's responsibility to promote the human rights of all its citizens.

*[Note to the facilitator: This slide is for use by the local human rights lawyer if they choose to use it.]*

The preamble of the Declaration of Human Rights provides information on who human rights apply to (everyone) and why they are important.

#### Whereas...

- Recognition of the **inherent dignity and of the equal and inalienable rights of all members of the human family** is the foundation of freedom, justice, and peace in the world,
- The advent of a world in which human beings shall enjoy **freedom of speech and belief** and **freedom from fear and want** has been proclaimed as the highest aspiration of the common people

Source: United Nations General Assembly, 1948.

*[Note to the facilitator: This slide is for use by the local human rights lawyer if they choose to use it.]*

#### What are examples of human rights?

- Right to life, liberty, and personal security (Art. 3)
- Freedom from cruel, inhuman, or degrading treatment (Art. 5)
- Right to equal protection before the law (Art. 7)
- Freedom from arbitrary arrest or detention (Art. 9)
- Right to due process before the law (Art. 10)
- Freedom of movement (Art. 13)
- Freedom of peaceful assembly and association (Art. 20)
- Right to a standard of living adequate for health and well-being (includes right to medical care) (Art. 25)

Source: United Nations General Assembly, 1948.

*[Note to the facilitator: This slide is for use by the local human rights lawyer if they choose to use it. If training participants mistakenly believe that human trafficking is the same as sex work it is important to use this content, local examples, and/or more extensive activities such as those found in the [Police Sensitisation Training Manual: A Guide for South African Police Service \(SAPS\) Officers to the Rights of Sex Workers and the LGBTI Community](#),<sup>54</sup> pages 21-22, to dispel this myth.]*

#### Human trafficking versus sex work

- Sex work and human trafficking are NOT the same thing.
- There are victims of human trafficking who are forced to engage in sex work against their will, but many sex workers choose to engage in sex work and are not trafficking victims.
- When laws designed to protect victims of trafficking are used to justify raids or other operations targeting sex workers, this can actually make sex workers less safe and cause them to fear law enforcement and other authorities.
- Protecting human trafficking victims is very important and should be done in a way that does not harm sex workers who choose to sell sex.

*[Note to the facilitator: If there is a senior member of law enforcement who can speak about the interpretation of laws—for example, when it is appropriate to warn instead of arrest—this should also occur during this session. This senior officer can also refer to or include portions of department-specific training materials on human rights if these exist.*

#### Questions and reflections

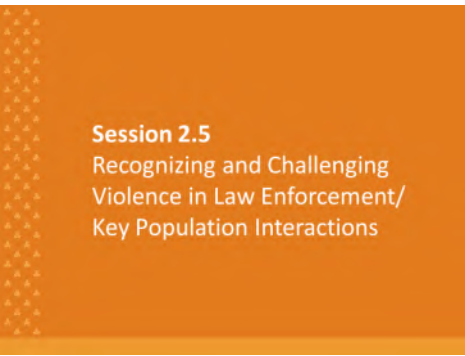
*The presentation should end with time to ask questions of both the human rights lawyer and the senior officer.]*

## Session 2.5: Recognizing and Challenging Violence in Law Enforcement/Key Population Interactions

Time: 45 minutes

### Materials

- Slide presentation
- [Exercise Card 4](#): Short Dramas (enough copies for each small group to receive one scenario)

<p><i>[Note to the facilitator: This session is meant to help participants interpret and use what they learned in the rights lecture. Ideally the human rights lawyer who just spoke can stay to answer questions that come up during this session. Revising the scenarios to reflect abuses by law enforcement that you know to be common locally may also increase the value of this activity.]</i></p> <ul style="list-style-type: none"> <li>• Show slide and explain: Now that we understand the rights of all people in our country, including those who are believed to have broken laws, let's go through four scenarios. In small groups, you are going to have the chance to share the scenario with the group, tell us what abuses occurred (if any), and explain how this abuse could have been prevented.</li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read each objective out loud.</li> </ul>	<p><b>Objective</b></p> <p>Recognize violence in common law enforcement interactions with KP members and reflect on how to improve such interactions</p>
<ul style="list-style-type: none"> <li>• Show slide and explain: You will be in six groups. You will all read your scenario, decide how you will act it out, and prepare one member of your team to explain the violation that occurred, the consequences of that violation, and what should have been done instead.</li> <li>• Break everyone into six groups and then distribute <a href="#">Exercise Card 4</a>: Short Dramas. Give groups about</li> </ul>	<p><b>Activity:</b> What went wrong, what could make it right?</p> <p><b>In groups:</b></p> <ul style="list-style-type: none"> <li>• Read your scenario.</li> <li>• Decide how you will act it out.</li> <li>• Explain:             <ol style="list-style-type: none"> <li>1. What rights violation occurred</li> <li>2. The consequence of that violation</li> <li>3. What the police officer should have done instead</li> </ol> </li> </ul>



<p>15 minutes to prepare their drama and answers to the three questions.</p> <ul style="list-style-type: none"> <li>• Have each group present their drama and then answer the questions. After each presentation ask if the audience would like to add anything to answer the questions. A summary of the points that should come up is below.</li> </ul>	
---	--

**Examples of responses to scenario questions**

Case Study	Answer
1: Beatrice	The police refuse to serve Beatrice and make fun of her when she seeks help. As a result, she continues to be harassed and has to leave her job, which causes her to lose her home. The officers should have taken her statement and served her like any other person.
2: Peter	The police tell Peter that he should be able to deal with the matter himself; they refuse to help him. As a result, David kills Peter when Peter tries to leave. The police shouldn't have shamed Peter and should have helped him as they would have if any other person was threatening him.
3: Martina	The law enforcement officer tries to force Martina to pay a bribe. He then rapes her and accuses her of false crimes. The consequence is that Martina becomes pregnant and cannot support her siblings to study. Her younger sister also becomes a sex worker. The officer should have left her alone or given her a warning (this will depend on the local law and what police are required to do).
4: Roger	Police violated Roger's rights by not helping him when he needed their support. The consequence is that he does not get care and his injuries lead him to seek out more powerful drugs for pain management. The officer should have offered him the support that he would have to any other victim of a crime.
5: Elizabeth	No rights violation occurred. The officers were professional and affirmed Elizabeth's gender by using the correct name and pronouns.

<ul style="list-style-type: none"> <li>• Say: The cases that you all just acted out show the actions of lone individuals, but everyone is also affected by the environment that they work in. For example, if your police station doesn't have a private room to speak with victims of violence, it will be hard to appropriately ensure confidentiality.</li> <li>• Think about what may make it harder to do what you know is right. What about things that could be done to make it easier for everyone to do the right thing?</li> <li>• Participants may describe issues such as requirements to make a certain number of arrests each month or pressure to keep KP members out of public places as factors that make it difficult to avoid rights violations. Record these issues on flip chart paper and make sure to clarify with senior officials whether what is perceived to be</li> </ul>	<p><b>Discussion: Environmental factors</b></p> <ul style="list-style-type: none"> <li>• We all work within and are affected by our environments (e.g., the police station where you work)</li> <li>• What is currently in place that makes it more difficult to do what you know is right?</li> <li>• What could be done to make it easier for everyone to do the right thing?</li> </ul>
---	--

“required” is actually mandatory. There are often discrepancies between the implementation of laws and policies and the actual text. If something is perceived to be required that is not actually mandatory, clarify this in Session 4.2 when you make “asks” of those trained.

- Close this discussion by saying: *These challenges are real, and we can and must work to address them, but in the meantime, there is still much we can do as individuals and as a group of those being trained who are now committed to avoiding rights violations.*

*[Note to the facilitator: Depending on who is in the room, participants may not wish to share what makes it harder to do the right thing, especially if there are issues with corruption. If there is discomfort with openly sharing, you could also ask everyone to share anonymous written reflections that you then compile. This can be an important opportunity for you to record—and share with senior officers—what could be done to change structures to avoid rights violations. If you will be sharing reflections with senior officers or others, be sure to note this before the discussion begins.]*

- Explain: *Before we finish this session, it’s also important to mention that sometimes KP members’ past or current experiences of violence can affect the way they interact with law enforcement officers even if those officers are providing an excellent service. Their experiences may even result in behaviors that seem suspicious to law enforcement. To show you how this might happen, consider the following two scenarios. What might a new officer—or someone who has never been to a training like this one—think if they encountered these two situations?*
- Show the first case and solicit responses. Answers may include: *Those women have committed a crime, or those women have something to hide.*
- Click to show the second case and solicit responses. Answers may include: *That man is lying, or that man is worried that something illegal will be found at his residence.*

Activity: What would you think?

- Two transgender women are standing together. A police officer approaches them and they run away.
  - A young gay man comes to the station to report being attacked when he was seen with his boyfriend. When the police officer asks for his address, he becomes agitated and storms out.
-

- Show slide to share each of the cases with additional information.
- Ask: *How would the officer's interpretation of the trans women change if they knew more about her history of violence?* Probe for: the officer would understand their actions, the officer wouldn't think they are doing something illegal.
- Click slide again and ask: *How would the officer's interpretation of the young gay man change if they knew more about his history of violence?* Probe for: the officer would understand that he is scared; the officer would know why he doesn't want to give his address.
- *When we recognize that KP members' actions today may reflect previous or current violence or negative past experiences with law enforcement, it can help prevent judgmental attitudes that cause us to jump to false conclusions, improving our ability to provide services.*

Activity: What would you think? (continued)

- Two transgender women **who have experienced verbal abuse from several different police officers** are standing together. A police officer approaches them and they run away.
- A young gay man **whose parents have told him they will kick him out of the house if he is gay** comes to the station to report being attacked when he was seen with his boyfriend. When the police officer asks for his address, he becomes agitated and storms out.

- Ask if anyone has any final reflections on what was shared in the dramas or in the conversation on the environment in which law enforcement operates.
- Close by saying: *Whatever our past actions have been, we have opportunities to recognize rights violations that may have occurred and change our behaviors now. And even though we cannot change everything about the environment in which we work, many decisions are up to us at the individual level, even while we continue to advocate toward change in the environment.*

Questions and reflections

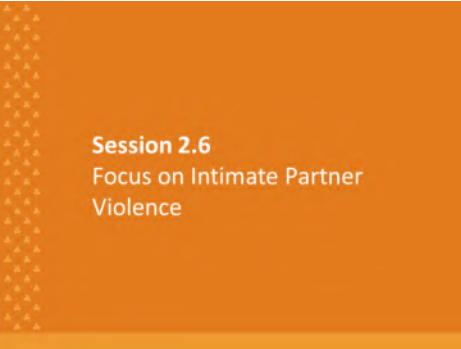
*[Note to the facilitator: If your organization can be part of continued advocacy to alter environmental factors that increase rights violations explain that at this time.]*

## Session 2.6: Focus on Intimate Partner Violence

Time: 30 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Exercise Card 5](#): Thandi’s Story (one copy for the facilitator)

<ul style="list-style-type: none"> <li>• Show slide and explain: In the previous session, we talked about different perpetrators of violence. In many contexts, spouses/partners and ex-spouses/partners make up the majority of perpetrators of violence against KP members. In this session, we will focus on intimate partner violence (IPV).</li> </ul>	
<ul style="list-style-type: none"> <li>• Ask a participant to read each objective out loud.</li> </ul>	<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Recognize the ways in which intimate partner violence (IPV) can evolve over time</li> <li>• Discuss the importance of responding to all victims of IPV in a nonjudgmental way</li> <li>• Discuss IPV among KP members and identify additional barriers to support that they may face when experiencing IPV</li> </ul>
<ul style="list-style-type: none"> <li>• Show slide and explain: Intimate partner violence is a form of gender-based violence. Here is what we know about IPV among both the general population and key populations in [country].</li> <li>• Common myths and misconceptions about IPV include the belief that men cannot be victims of violence, and violence does not occur in same-sex relationships. However, people who identify as lesbian, gay, or bisexual have an equal or higher prevalence of experiencing IPV as compared to heterosexuals in the U.S., and IPV against KP members is common globally.</li> <li>• Because law enforcement officers are such important responders to incidents of IPV, we want to spend some time talking about this issue specifically.</li> </ul>	<p><b>Intimate partner violence in [Country]</b></p> <ul style="list-style-type: none"> <li>• IPV is ongoing or past violence by an intimate partner or ex-partner. It is common in the general population and among key populations.<sup>1-5</sup></li> <li>• Here is what we know about IPV in [country].</li> <li>• [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 2.1, do not repeat the statistics here; rather, review the definition of IPV before moving to the next case study.]</li> </ul> <p><small>Sources: 1. El-Bassouf et al., 2007. 2. Panchanadomaran et al., 2008. 3. Fineman &amp; Stephenson, 2013. 4. McKay et al., 2012. 5. Valentinov et al., 2017.</small></p>

*[Note to the facilitator: Please include information here on local statistics regarding IPV among the general population. If you have results specific to key populations, share those as well. Participants may question how one man could abuse another man when they have similar physical strength. If this question comes up, it's important to remind participants that IPV is about power, and power is not only physical. You can also use Thandi's story to help illustrate that violence takes many other forms that do not require physical strength.]*

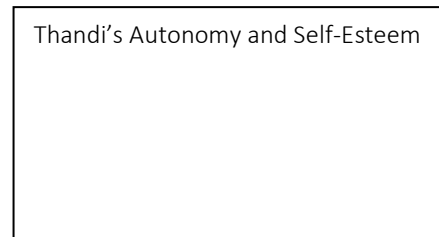
- Hang a piece of flip chart paper turned horizontally and draw a large empty box. (It will look like Figure 1.)
- In this activity, you will read a set of numbered statements. Each time you read one, draw a line inside the box. The lines represent a reduction in Thandi's autonomy and self-esteem. At the end, you will have a drawing that looks like Figure 2.
- Explain: *In this next activity, we will explore autonomy and self-esteem in intimate partnerships by looking at a case study. This case study is about intimate partner violence against someone who is not a KP member. We will talk about some of the barriers that any victim of violence may experience. Then we'll transition to think about what this would look like in KP members' lives.*
- Use [Exercise Card 5](#) to read Thandi's story to the participants.

**Activity: Thandi's story**

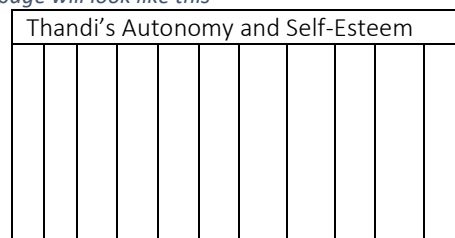
Thandi is a young woman from [a local city]. She is intelligent, funny, kind, and beautiful. She has a supportive family and is good at her job. She has a lot of friends, especially colleagues from work. They respect her and know she will go on to do great things.

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.

*Figure 1. At the start of the activity, the page will be blank like this*



*Figure 2. When the activity is completed, the page will look like this*



- After finishing the story, show slide and discuss the following questions one by one (each click will cause the next question to come onto the screen).
- For question 1, be sure to discuss:
  - It could help Thandi to hear that she does not deserve to be treated the way John is treating her and that it is wrong for anyone to commit this type of abuse. Why?
    - Her self-esteem is likely already decreased from the emotional abuse she has experienced. She may have begun to believe she deserves John’s abuse.
    - Thandi may feel that John’s abuse is a normal way for men to act toward women and that she should be able to live with this kind of treatment. Knowing that such behavior is abuse can help Thandi understand why she feels so bad, instead of judging herself harshly for any anger or sadness she feels.
  - It is important for Thandi to know what kind of help is available. Why?
    - She may feel that she has no options, especially since she is no longer employed and her social network is greatly reduced.
    - She may not realize that many people experience intimate partner abuse and that help exists.
  - It is important for Thandi to know that others care about her and will support her choices. Why?
    - Thandi may feel embarrassed of the abuse or guilty about losing contact with her friends and family.
    - Thandi will benefit from having control returned to her after John took so much of her independence and autonomy.
- For question 2, explain that this would likely mean Thandi does not come forward again. She will have gotten the message that John’s behavior is acceptable, and it’s her response that is wrong.
- For question 3, mention that emotional violence is often reported by victims as more damaging than physical or sexual violence. These forms of violence often occur together, yet we almost always talk about violence as simply physical or sexual, and a victim of violence may not recognize controlling

#### 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?

<p>behavior or other emotional abuse as violence. Also mention the stigma against victims of violence and how this stigma makes it difficult for someone to disclose that they are experiencing violence. Finally, explain that victims are most at risk of being killed by an abusive partner when they try to leave, so it's likely that walking away from John will not be as simple as it may seem.</p>	
<ul style="list-style-type: none"> <li>• Show slide and explain: <b>Anyone who experiences IPV and wishes to receive support should be able to access that support. And it may be very difficult for Thandi to get support, especially if IPV is considered normal where she lives.</b></li> <li>• A KP member in Thandi's position may have even more difficulty accessing support because of the stigma we already spoke about. Law enforcement and others may see a sex worker as deserving abuse from her partner or may not believe that violence between two men is possible or may not recognize the unique forms that it may take. For example, in a same-sex relationship psychological abuse may manifest as threats to "out" the victim's sexual orientation.</li> <li>• But, as we understand, no one deserves violence, and everyone should be able to access support regardless of their identity, their occupation, their drug use, or who they are attracted to.</li> <li>• Thandi also began with more resources and support than many KP members might have because of stigma (think about Amanda in comparison).</li> <li>• Finally, some KP members are not covered by IPV-related laws. For example, in some countries only cisgender women can legally be victims of domestic violence. In this case, men or trans women who have abusive partners may not have access to the full range of services (such as protective orders) that a cisgender woman would.</li> </ul> <p><i>[Note to the facilitator: In some circumstances, there may be disbelief that IPV can occur between two men. Participants may believe that men have similar physical strength and, therefore, violence cannot occur between them. If IPV in same-sex couples is questioned, share the statistic that while IPV in same-sex couples and trans couples is rarely measured, when it is measured it</i></p>	<p>Discussion: What about in the case of key populations?</p> <ul style="list-style-type: none"> <li>• IPV can be a complex and difficult issue for anyone.</li> <li>• In some ways Thandi is more likely to receive support than a member of a key population. <ul style="list-style-type: none"> <li>– She began with more resources, self-esteem, and support than many KP members would.</li> <li>– She would be considered a "sympathetic victim" by many authorities who are accustomed to stories like Thandi's.</li> <li>– Laws about IPV may only apply to women in heterosexual relationships, excluding some members of KPs.</li> </ul> </li> </ul> <hr style="border: 2px solid orange;"/>

<p><i>is as common or more so than violence in heterosexual couples. You can also note that in Thandi's case, as in many cases of IPV, the abuse takes forms that are not dependent on physical strength. Almost all the abuse that Thandi experiences is psychological).</i><sup>33</sup></p>	
<ul style="list-style-type: none"> <li>• Close the session by saying that IPV is incredibly common and can happen to anyone. Whenever someone has the courage to come forward, they should be supported. Ask if there are any final reflections before moving to the next session.</li> </ul> <p><i>[Note to the facilitator: Individual officers may also be experiencing violence from an intimate partner. Consider sharing information at this time, as well as later, about where help can be accessed. If it's possible to have a trained psychologist attend the training, remind participants that the psychologist is available to talk to as needed, and they can take the space they need to take care of themselves at any time.]</i></p>	<p>Questions and reflections</p> <hr style="border: 2px solid orange;"/>



## Session 2.7: Panel Discussion with Key Population Members

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- Table at the front where two to three KP members can sit


### Planning Ahead

This session should be organized prior to the training. KP panel participants should be identified in collaboration with KP-led CBOs, HIV program staff, and/or implementing partners. The panel's makeup should correspond to the populations that are the focus of the training (this could include men who have sex with men, people who inject drugs, sex workers, and/or transgender people). Ideally, the panel members will be representative of the diversity among key populations (e.g., age, race/ethnicity, gender, etc.).

When asked to participate, potential panelists should be briefed on the purpose of the panel and who is attending the training. Panelists should also be asked how they would like to be introduced, including whether they would like to be identified as members of KPs (alternatively, they could speak as individuals working and familiar with a specific population). They should also be asked how they would like seating to be arranged for the panel (e.g., would they like to be in the front of the room, should all chairs be arranged in a circle, etc.). If potential panelists have other requests, do your best to accommodate them while being honest about what is and is not possible and accepting that this may mean someone is unable to participate.

You may choose to use the provided questions in the slides or develop other questions with KP members that allow for a meaningful exchange. All panelists should have the opportunity to review the main questions in advance and be told that training participants will have other questions after the initial presentation. Panelists should also be told that they can refuse to answer any question for any reason and that the facilitator will intervene if a participant asks a question in a disrespectful or threatening way.

If you abbreviate the training so that it occurs over two days, you may choose to wait and have this session before lunch on the second day. Let training participants know that this panel will occur and invite them to come up with questions in advance. Request that participants only ask questions that they themselves would be willing to answer (e.g., no questions about specific sexual behaviors, anatomy, etc.).

<ul style="list-style-type: none"> <li>● Explain: We are excited to have a time during this training where members of the communities we've been discussing will speak about their own experiences.</li> </ul> <p><i>[Note to facilitator—you or another person should act as the moderator of the panel, helping to ensure that each panelist has time to speak and calling upon participants during the time for questions and answers.]</i></p>	 <p>Session 2.7 Panel Discussion with Key Population Members</p>
<ul style="list-style-type: none"> <li>● Show slide and ask a participant to read each objective out loud.</li> </ul>	<p>Objectives</p> <ul style="list-style-type: none"> <li>• Get to know the issues of violence affecting KP members</li> <li>• Understand KP members' perspectives and hopes regarding their interactions with law enforcement</li> </ul>
<ul style="list-style-type: none"> <li>● Show slide and explain: One of the most important ways we can develop our understanding about violence against KP members is to hear from them directly.</li> <li>● In this session, KP members have agreed to share their experiences and recommendations with us.</li> <li>● We will ask each person to answer a set of questions to help us understand more about KP communities from their perspective.</li> <li>● Then, at the end, we'll have some time for the training participants to ask questions. Please remember that you should only ask questions that you yourself would be willing to answer about your own life.</li> <li>● Just a reminder to everyone: everything we hear in the training is confidential, and we should not share what we hear with others outside of the training.</li> <li>● After panel members have finished sharing their experiences, ask participants if they have any questions for the panelists. Remind panelists that they can choose not to answer any question.</li> </ul>	<p>Panel discussion</p> <ol style="list-style-type: none"> <li>1. What do you think is important for law enforcement agencies to know about your community?</li> <li>2. Please describe a past experience with law enforcement. What were the outcomes of that experience?</li> <li>3. What do you wish law enforcement would do to help and support your community?</li> </ol>

- Close the session by thanking panelists again for their reflections and the officers for their attention.

*(Note to facilitator: If it's possible for the panelists to stay for lunch or another unstructured time, ask if they would be willing to answer any follow-up questions that individuals may have for them.)*

Thank you!

---

## MODULE 3:

---

# Applying Principles and Building Skills

## MODULE 3:

## APPLYING PRINCIPLES AND BUILDING SKILLS

### Introduction

This module improves officers' ability to handle the disclosure of violence and to create environments that foster disclosure. It also describes how law enforcement can revictimize someone through an inadequate or hostile response to the disclosure of violence. Finally, officers are introduced to the recommended violence response services, including those addressing physical health (e.g., treatment of injuries, rapid HIV testing, PEP, emergency contraception, screening and treatment for sexually transmitted infections [STIs]), mental health, and victim safety. Participants will also become familiar with referral options to meet the many needs of victims of violence and how to refer effectively.

An optional session, most appropriate for officers who take statements from victims of sexual abuse, also explores how trauma impacts victims of violence and provides recommendations to officers that help them support trauma victim's unique needs.

**This module includes the following sessions and learning objectives:**

### Session 3.1 Fundamental Principles of Violence Prevention and Response

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

### Session 3.2 Needs of Key Population Members Who Experience Violence

- 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

### Session 3.3 Barriers to Disclosing Violence

- Recognize the barriers to disclosing violence, including victim blaming, and recognize victim blaming as counterproductive to law enforcement's mission

### Session 3.4 Victim-Centered Support

- Provide an appropriate response to victims who disclose violence
- Demonstrate how to assess safety and explore safety strategies with victims

### Session 3.5 Responding to and Documenting Cases of Violence

- Practice responding to disclosures of violence appropriately while documenting the case
- Discuss reporting structures

### Session 3.6 Trauma-Informed Approach to Law Enforcement (OPTIONAL)

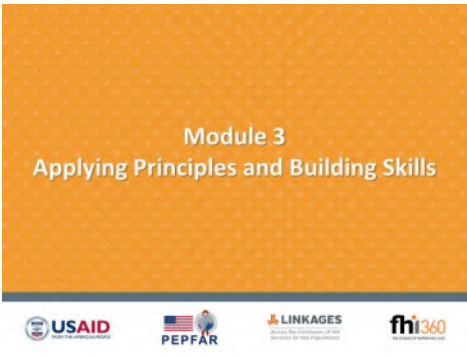
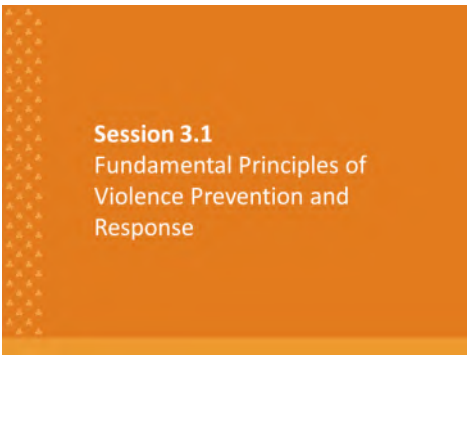
- Understand the effects of trauma on victims of violence and how trauma affects statement-taking and law enforcement support needed

## Session 3.1: Fundamental Principles of Violence Prevention and Response

Time: 30 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Handout 3](#): Fundamental Principles for Violence Prevention and Response Service Provision by Law Enforcement

<ul style="list-style-type: none"> <li>• Show slide and explain: <b>Now that we understand the issue, let's agree on some fundamental principles that help us to prevent violence and address it appropriately.</b></li> </ul>	
<p><i>[Note to the facilitator: Before leading this session familiarize yourself with <a href="#">Handout 3</a>: Fundamental Principles for Violence Prevention and Response Service Provision so that you can answer questions that may come up.]</i></p> <ul style="list-style-type: none"> <li>• Explain: <b>Now we know what can keep someone from disclosing. Let's talk about what to do when someone does disclose. Before we get into the specifics, we have to think about the principles, or values, behind our actions.</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read the objective out loud.</li> </ul>	<p><b>Objective</b></p> <p>Describe each of the fundamental principles of violence prevention and response service provision and explain their importance, particularly when working with KP members</p>

- Show slide and explain: This training contains four fundamental principles of violence prevention and response. They provide the foundation for preventing violence against KP members and responding to KP members who are victims of violence.
- Refer participants to [Handout 3](#): Fundamental Principles for Violence Prevention and Response Service Provision and read the principles out loud.
- Explain: These principles draw from global standards, guidance, and recommendations from WHO, PEPFAR, USAID, United Nations Population Fund (UNFPA), UNAIDS, UN Women, and the International Planned Parenthood Federation.
- These principles should be considered by law enforcement to prevent abuse of KP members and ensure they have the support they need when violence occurs.
- We’re going to talk about a few key points related to these principles.

*[Note to the facilitator: If you would like to see the longer list of fundamental principles of violence prevention and response for KP programs, which includes those described in this training, refer to [A Guide to Comprehensive Violence Prevention and Response in Key Population Programs](#).<sup>33]</sup>*

#### 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.

- Show slide and explain: First, we have to “do no harm” to victims of violence, who are already highly vulnerable.
- Ask: What do we mean by “do no harm?”
- Explain: Do no harm means you consider whether any of your actions could harm the person that you are trying to help.
- Review the slide’s contents.
- Note that this principle shows up in a lot of the other principles as well.

#### 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 of violence
  - 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



<ul style="list-style-type: none"> <li>● Explain that you will be testing their understanding of “do no harm.”</li> <li>● Ask for a volunteer to read the scenario.</li> <li>● Then ask for people to raise their hands if they think that A, B, and/or C would do harm. After each one, ask a participant who raised their hand to explain why this would cause harm.</li> <li>● Click slide again to show the red circles. Explain that all of these could cause harm and should be avoided.</li> </ul>	<p><b>Discussion: How to avoid harm</b></p> <p>Imagine that Robert comes to the police station to report that he is being blackmailed. Robert’s neighbor has a photo of Robert kissing his boyfriend and plans to share it on social media if Robert does not pay a huge sum of money. Which of the following actions by the police could cause Robert harm?</p> <p>A. Sharing Robert’s sexual orientation with other officers</p> <p>B. Telling Robert that this is his fault</p> <p>C. Refusing to help Robert</p>
<ul style="list-style-type: none"> <li>● Show slide and explain: The second principle is the promotion of human rights. This means embracing the belief that people have a right to live free of violence and the right to information, respect, and dignity. This principle is relevant whenever you interact with KP members, including if someone has been arrested.</li> <li>● This principle means you: <ul style="list-style-type: none"> <li>– Provide services to KP victims without discrimination</li> <li>– Do not arbitrarily arrest or confiscate items that help KP members protect their health (condoms, lubricant, sterile injecting equipment)</li> <li>– If a KP member is arrested for breaking a law, ensure due process by explaining their rights and how law enforcement procedures function</li> <li>– Do not attempt to “save KP members from themselves,” by taking away their right to make choices about their own lives. This is not a human rights-based approach and it often causes harm. For example, raids of brothels often force sex workers to work on the street where they are less safe, and treatment centers for people who inject drugs are often places of torture and forced labor—not rehabilitation.</li> </ul> </li> </ul>	<p><b>Principle 2: Promote human rights</b></p> <p>Promoting the full protection of key populations’ human rights means:</p> <ul style="list-style-type: none"> <li>• Providing services to KP members who are victims of violence without stigma or discrimination</li> <li>• Not arbitrarily arresting or detaining KP members and not confiscating condoms, lubricant, or sterile injecting equipment</li> <li>• If a KP member is detained, explaining law enforcement procedure and their rights to them</li> <li>• 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”)</li> </ul>
<ul style="list-style-type: none"> <li>● Explain that you will be testing their understanding of “promote human rights.”</li> <li>● Ask for a volunteer to read the scenario.</li> <li>● Then ask for people to raise their hands if they think that A, B, and/or C would not promote Mary’s human rights. After each one, ask a participant who raised their hand to explain why this would not promote Mary’s human rights.</li> </ul>	<p><b>Discussion: How to promote human rights</b></p> <p>Imagine that Mary is a sex worker in a country where it is illegal to sell sexual services. An officer sees her sitting outside a restaurant and tells her that she must empty her bag. He finds condoms in the bag. He does not tell her that she has the right to make a call. He forces her to come back to the station and holds her for several days without charges. Which of these actions does not promote Mary’s human rights?</p> <p>A. Arresting Mary for carrying condoms</p> <p>B. Failing to tell Mary what she is charged with</p> <p>C. Failing to explain Mary’s rights to her</p>

<ul style="list-style-type: none"> <li>Click slide again to show the red circles. Explain that all of these violate Mary’s human rights.</li> </ul>	
<ul style="list-style-type: none"> <li>Show slide and explain: This third principle is about giving victims of violence back their power and control. Whenever we are dealing with victims of violence, the most important thing we can do is return control to them. Control is one of the things taken away by the perpetrator. Returning control means letting the victim make decisions and respecting their needs, rights, and wishes.</li> <li>It also means making the full range of services needed by victims of violence available to KP members, so they can choose what to access.</li> <li>This is also referred to as a victim-centered approach, which helps us to remember that each person is different and best equipped to understand and act upon their needs.</li> </ul>	<p><b>Principle 3: Self-determination and access to all services</b></p> <ul style="list-style-type: none"> <li>All victims of violence, including KP members, must be able to decide which services, if any, they wish to access</li> <li>All services recommended to victims of violence should also be available to KP members</li> <li>A victim-centered approach allows each person who reports violence to understand what is available and then make choices that meet their personal needs <ul style="list-style-type: none"> <li>Effectively supporting victims of violence requires returning their power and control to them (not making decisions on their behalf)</li> </ul> </li> </ul> <hr/>
<ul style="list-style-type: none"> <li>Explain that you will be testing their understanding of “ensure self-determination.”</li> <li>Ask for a volunteer to read the scenario.</li> <li>Then ask for people to raise their hands if they think that A, B, and/or C would not ensure self-determination. After each one, ask a participant who raised their hand to explain why this would not ensure self-determination.</li> <li>Click slide again to show the red circles. Explain that B and C force Olivia to do something instead of asking her what she would like to do and then supporting this decision. For this reason, they do not ensure self-determination.</li> </ul>	<p>Discussion: How to ensure self-determination</p> <p>Olivia is a transgender woman. She comes to police station to report that she was just raped. The officer on duty listens to her kindly and tells her that she must get an HIV test so that she can access post-exposure prophylaxis as soon as possible. Which of these actions did not ensure Olivia’s self-determination?</p> <p>A. The officer listens to her kindly</p> <p>B. The officer tells her she must get an HIV test</p> <p>C. The officer tells her she must begin PEP</p> <hr/>
<ul style="list-style-type: none"> <li>Show slide and explain: Principle 4 is that we must constantly prioritize and be committed to privacy, confidentiality, and informed consent. These are all essential for a victim’s safety. We can put the victim’s safety at risk if we share sensitive information with partners, family members, or friends without the victim’s consent.</li> <li>This includes not sharing victim’s information with other officers or within the referral network without the victim’s explicit consent. As shown on the slide, clear policies must govern any information sharing.</li> <li>A breach of confidentiality about rape, HIV status, sexual orientation, gender identity, sex work, drug use, or a history of sexual abuse can put victims at</li> </ul>	<p><b>Principle 4: Privacy, confidentiality, and informed consent</b></p> <p>Privacy and confidentiality must be assured before a victim talks about violence</p> <ul style="list-style-type: none"> <li>Use a private consultation space (victim cannot be seen or heard outside the room).</li> <li>Speak to victims alone. No one older than age 2 should overhear your conversation.</li> <li>Safely secure and store all victim’s records.</li> <li>Have clear policies on information sharing communicated to the victim. For example: <ul style="list-style-type: none"> <li>Explain what will happen to the information they share before they share it, including any limits regarding confidentiality (such as mandatory reporting)</li> <li>Obtain informed consent before information is shared</li> <li>Note: victims should not be made to repeat their stories to multiple providers, especially not to those not directly involved</li> </ul> </li> <li>Train providers and staff on these procedures.</li> </ul> <hr/>

<p>risk of additional emotional, physical, and sexual violence.</p> <ul style="list-style-type: none"> <li>• The minimum procedures that should be put in place to protect victims’ privacy and confidentiality include: <ul style="list-style-type: none"> <li>– Designate and use a private consultation space. The victim should not be able to be seen or heard outside the room.</li> <li>– When asking about violence and responding to disclosures, officers must speak with victims alone, with the exception of infants, so that no one can overhear.</li> <li>– Keep victim’s records and information confidential and develop policies for sharing information.</li> </ul> </li> <li>• Provide ongoing training for staff on protecting victims’ privacy and confidentiality, including obtaining informed consent, and ensuring that victims are informed of their options and their rights.</li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and explain: Instead of testing your understanding, let’s do an activity to show how important privacy and confidentiality are. Everyone, please take out your wallet or your cell phone. If your cell phone has a lock, unlock it.</li> <li>• Click slide again and tell participants to pass the phone or wallet to the person on their left. Explain that no one should look into the wallet or phone, just hold it.</li> <li>• Ask participants: How does it feel to have your personal item in the control of someone else? (Possible observation: “Some of you seem more interested in what the person next to you is doing with your personal item than the item you have in your own lap.”)</li> <li>• Ask participants: How would you feel if I asked your neighbor to open (or look inside) your personal item? (Possible observation: For most participants, this would make them feel uncomfortable.)</li> <li>• Ask participants to return the items to their neighbor.</li> <li>• Possible observation: “I noticed that while personal items were with someone else, people were very alert, sitting up very straight, and their attention was on their item more than anything else. After their items were returned to them, there were</li> </ul>	<p>Activity: Privacy and confidentiality</p> <ul style="list-style-type: none"> <li>• Take out your cell phone and unlock it</li> <li>• Give it to the person on your left</li> </ul> <hr/>

<p>many smiles, people relaxed more, and their level of alertness dropped.”</p> <ul style="list-style-type: none"> <li>● Ask: So, what does this have to do with confidentiality? Things that are personal to us, even when they are very ordinary, generate very strong feelings, and we are very careful about who can see them, who can hold them, and we have strong feelings when they seem to be out of our control.</li> <li>● For people who have experienced violence and abuse, sharing personal experiences can be humiliating, demeaning, and upsetting.</li> <li>● We keep information confidential to keep KP members safe and to ensure they have control over what happens to their information, who has it, and where it goes.</li> </ul>	
<ul style="list-style-type: none"> <li>● Show slide and explain: Earlier, we talked about keeping things we hear in this training confidential.</li> <li>● Ask: What does that really mean—to keep something confidential? Elicit responses.</li> <li>● Click slide again to show definition. Ask a participant to read the definition out loud.</li> <li>● Ask: What do we mean by “information related to a victim”? Elicit responses.</li> <li>● Emphasize: Information related to the victim includes name, date of birth, age, address, family details, name of the perpetrator, location of the incident, and any other information that might identify the victim, the family of the victim, the perpetrator, and the family of the perpetrator.</li> <li>● It means any identifying information.</li> <li>● Ask: When we say...sharing the victim’s information only with others who need to know in order to provide assistance, as requested and agreed to by the victim...What do we mean by “others who need to know”? Elicit responses.</li> <li>● Emphasize: Those who might need to know about the incident, the victim, and/or the perpetrator include any actors who might assist the victim, such as another law enforcement officer, a legal adviser, a doctor, a health worker, etc.</li> <li>● The level of information sharing depends on the service they provide and whether the victim has given consent for you to share information.</li> </ul>	<p>What do we mean by confidentiality?</p> <p>Keeping all <i>information related to a victim</i> secret and sharing it only with <i>others who need to know</i> to provide assistance, as requested and agreed to by the victim of violence.</p> <hr/>

<ul style="list-style-type: none"> <li>• Show slide and ask: <b>Now, what does it mean to give consent?</b> Elicit responses.</li> <li>• Click slide again to show and review definition.</li> </ul>	<p>What do we mean by consent?</p> <p>When a person agrees...</p> <ul style="list-style-type: none"> <li>• To do something</li> <li>• To participate in an activity</li> <li>• For something to occur</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and ask: <b>If consent means that a person agrees to something, what does informed consent mean?</b> Elicit responses.</li> <li>• Click slide again to show and review definition.</li> <li>• Emphasize: <b>To give informed consent, a person must:</b> <ul style="list-style-type: none"> <li>– Have all the information</li> <li>– Be over the legal age required to give consent</li> <li>– Be mentally sound enough to understand the agreement and the consequences</li> <li>– Have equal power in the relationship</li> </ul> </li> </ul>	<p>What is informed consent?</p> <p>Informed consent means that a person agrees to participate in an activity or for something to occur <i>after</i> they have knowledge of or have received all the information about the activity.</p> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and provide two examples.</li> <li>• Explain: <b>One of these examples is consent and one is informed consent.</b></li> <li>• Ask the group to tell you which one allows the participant to make a decision that is informed (the answer is B because it explains what will actually happen when reporting occurs).</li> <li>• Click slide again to show the red circle.</li> <li>• Explain: <b>There is no consent when agreement is obtained through:</b> <ul style="list-style-type: none"> <li>– The use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation</li> <li>– The use of a threat to withhold a benefit to which the person is already entitled</li> <li>– A promise made to the person to provide a benefit</li> </ul> </li> </ul>	<p>Discussion: Which of these statements would lead to informed consent?</p> <p>A: If you report this crime, the perpetrator will go to jail for a long time.</p> <p>B: If you report this crime, you will need to stand before a judge to describe what happened to you. The perpetrator will also be there. Then the perpetrator may go to jail for a long time.</p> <hr/>

- Summarize: When we are working to prevent and respond to violence, it's helpful to have a set of values or principles to work from. These are helpful in our work broadly, but particularly when we work with victims of violence and/or KP members. We can all make decisions each day to follow these principles and to shape the environment in which we work to help others follow them as well.
- Ask if participants have any final reflections or questions on the principles.

Questions and reflections

---

## Session 3.2: Needs of Key Population Members Who Experience Violence

Time: 30 min

### Materials

- Slide presentation
- Flip chart and markers
- [Handout 4](#): Sample Printed Referral Network, or local violence response service directory

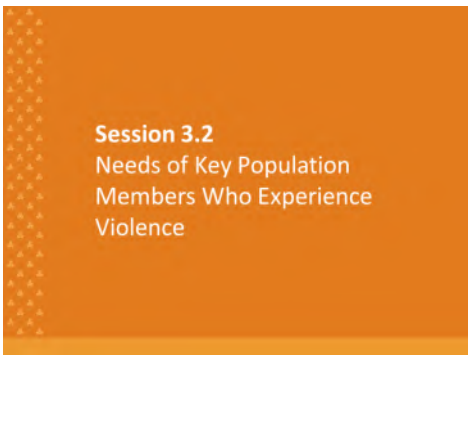
### Planning Ahead

Review existing referral mechanisms including those already in use by law enforcement before this session. If possible, make copies of a local violence response service directory that describes existing organizations engaged in violence response and provides information such as services offered, the location, hours, and contact information for each one. If no such service directory exists, you can use [Handout 4](#) to develop one. If a national or other protocol guides how services should be offered to victims of violence, describe the referral order and process during this session.

Having one or more health care worker, peer educator, outreach worker, or other violence response service provider come to the law enforcement training can also help strengthen connections between referral points in different sectors. Trusted referral points can be invited to explain the services available and how referral works.

Finally, the slide on PEP and emergency contraception is best presented by a medical professional. If the facilitator is not a medical professional, it is beneficial to find someone prior to this session who can present this information.

- Show slide and explain: Now let's think through some concrete ways to put the principles we just learned into action, specifically when helping victims of violence. In the previous module, we talked about the types of violence and the effects violence can have on KP members who experience violence. Based on that discussion and thinking about how violence affects key populations, let's consider what they might need as a result, what services should be offered, and how to refer victims to available services.



Session 3.2  
Needs of Key Population  
Members Who Experience  
Violence

- Show slide and ask a participant to read each objective out loud.

### 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

- Show title and explain: *As you saw in the objectives, in this session we are going to think about all the services that victims of violence need and where those services are available.*
- I would like us to start this conversation by looking back at Group 4's answers in response to Amanda's story. They were looking at the consequences of different forms of violence.
- Ask Group 4 to summarize some of the consequences they recorded. If the poster that Group 4 created is still easily available, it should be re-presented at this time.
- Now, ask the larger group what kinds of services Amanda would need to deal with those consequences. After a few examples of services are given, click again to show the table.
- Explain: *You've just named many services that Amanda could have benefitted from. Depending on the kinds of violence experienced and the effects of that violence, as well as the wishes of the victim, a range of services may be helpful. You can see those services presented here. Now we're going to talk about where each of these services can be found in our area.*
- Explain: *We will break into regional groups. Each group will generate the names of all the organizations that offer each of the services in the table on the slide. Use a star to show whether you think it would be safe and appropriate to send a KP member to this organization. If some KP members could go there without a problem but others could not (e.g., the organization would serve female sex workers but not men who have sex with men), indicate this. For each place that the service is available, provide details about the service in the "details" column; e.g., when it is open, where it is located, a contact number to call.*

### Discussion: Meeting victims' needs

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



- Break participants into groups by region or other geographical unit and ask each group to fill in the last two columns for their geographic area.
- Give groups about 15–20 minutes to work together.
- Facilitator should circulate and assist groups, as needed.
- Debrief the exercise and ask a volunteer from each group to present their results.

*[Note to the facilitator: If the HIV program leading this training has already developed a referral list of all KP-friendly agencies, this list can be shared at the beginning of the small group work and used as the basis of the list of services available. Note that each geographic region will still need to revise the list to be location specific. If possible, providers of the KP-friendly services can present on what they offer and meet newly trained health care workers as part of sharing the list of available services.]*

*Allow time to review the referral list to see how it compares to the services brainstormed by participants and for the participants to ask any clarifying questions about how to access each service on the list.]*

- Show slide and explain: **Now that we have a list of all the available services, it's important to follow existing referral processes.**
- **Before referring, it is important to call to ensure that each service is available and whether the service provider offers care that is friendly to KP members. We do not want to cause further harm by sending a victim of violence to a service that is either no longer offered or does not treat the victim with respect.**

*[Note to the facilitator: Use this slide to describe how law enforcement officers can make sure someone can get quickly to services they need urgently, such as PEP. If the HIV program can offer accompaniment for victims to other services, share this information with them here.]*

### Referral process in [Country]

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

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

- Show slide and explain: When referring, please remember that some services are time-bound. Post-exposure prophylaxis, or PEP, must be initiated within 72 hours of a potential exposure to HIV. Emergency contraception must be initiated within 120 hours, which is five days. However, for both, the sooner they are started, the better.

*[Note to the facilitator: Ideally this slide will be presented by a medical professional who is part of the referral network for victims of violence. The medical professional should talk about the importance of PEP and emergency contraception, how PEP and emergency contraception work (including that emergency contraception does not cause abortion), and how to access both emergency contraception and PEP.]*

*Having a medical professional come to the law enforcement training can also help strengthen connections between referral points in health and law enforcement. If there are doctors or nurses located at stations—for example, as part of victim support—or other law enforcement offices, these individuals should be invited to explain the services available and how referral works.]*

- End with time for questions. Time permitting, ask whether participants have experience referring to any of the agencies that have been presented and what could have made those referral processes more effective.

*[Note to the facilitator: If you, or the project you work with, can help those organizations that offer services to victims of violence coordinate their services so that referral between agencies is smoother, this can improve access to all services and make victim’s experiences seeking help less difficult.]*

#### A note about immediate medical 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 5 days after the incident.
- [Country team to include information on the local procedure for accessing PEP and emergency contraception]

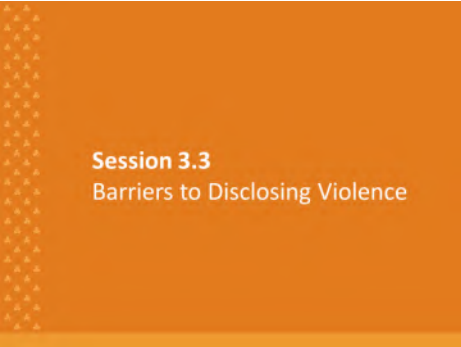
#### Questions and reflections

## Session 3.3: Barriers to Disclosing Violence

Time: 30 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Exercise Card 6](#): Standing in Her Shoes

<ul style="list-style-type: none"> <li>• Show slide and explain: <i>We saw in the last session that people need many services after they experience violence.</i></li> <li>• <i>It's only possible for them to get the support they need if they tell someone about the violence they have experienced.</i></li> <li>• <i>It's important to think about the barriers that prevent KP members from disclosing violence to us so we can work to break down those barriers, increasing their access to important services including time-sensitive clinical violence response services such as PEP and emergency contraception.</i></li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read the objective out loud.</li> </ul>	<p><b>Objective</b></p> <p>Recognize the barriers to disclosing violence, including victim blaming, and recognize victim blaming as counterproductive to law enforcement's mission</p>
<p><b>Step 1: Standing in Her Shoes (Blaming Victims)</b></p> <ul style="list-style-type: none"> <li>• Show slide and explain: <i>We've talked about some of reasons it might be difficult for KP members to share their experiences with violence and abuse.</i></li> <li>• <i>It's important for us to put ourselves in their shoes to understand the isolation they often feel.</i></li> <li>• Ask for eight volunteers to stand up and form a line in the front of the room, facing the other participants.</li> <li>• Ask for one volunteer to stand at the start of the line.</li> <li>• Distribute the pieces of <a href="#">Exercise Card 6</a>: Standing in Her Shoes. Give the volunteer standing at the start of the line the "Sex Worker" portion of the exercise card.</li> </ul>	<p><b>Activity: Standing in her shoes</b></p> <ul style="list-style-type: none"> <li>• Nine volunteers</li> <li>• Stand in a line</li> <li>• Volunteer 1 reads their card to each person one at a time, and each person reads their card</li> </ul>

<ul style="list-style-type: none"> <li>• Distribute one of the remaining portions of the exercise card to each participant in the line.</li> <li>• Ask the “sex worker” to walk up to each person in the line, one at a time, and read their card.</li> <li>• Ask the volunteers in the line to read the card in their hand in response and follow the instructions at the end of their card (which tells them to turn their back to the victim after responding to what the victim says to them).</li> <li>• After the “sex worker” has approached each person in the line and all cards have been read, debrief the exercise using the next slide.</li> </ul>	
<p><b>Step 2: Debrief Standing in Her Shoes</b></p> <ul style="list-style-type: none"> <li>• Show slide and ask the person who played the role of a sex worker: <b>What were you feeling as you went around the circle and told people what happened to you?</b></li> <li>• Ask the people who rejected the sex worker: <b>How did you feel having to say what you said?</b></li> <li>• Ask the full audience of participants: <b>How did you feel watching this? Does this happen in your context?</b> Elicit responses.</li> <li>• Explain: <b>People who experience violence are often blamed for the violence against them. KP members who experience violence are often doubly blamed—blamed for the violence that happened to them, but also blamed for who they are or their behaviors.</b></li> <li>• Often, when victims reach out for help to various members of the community or people in their lives, they get blamed or rejected—they are victimized again when they reach out for help.</li> <li>• Emphasize: <b>It’s unlikely that someone would go to so many people to disclose what happened to them. Even one person blaming her for what happened or not being sympathetic could stop her from disclosing again.</b></li> <li>• When we deal with disclosures, we should know people may be anticipating that we won’t be helpful because of their past experiences. It’s that much more important to deal with the disclosure appropriately.</li> </ul>	<p>Activity: Standing in her shoes (debrief)</p> <ul style="list-style-type: none"> <li>• Observations from the participants in the drama</li> <li>• Observations from the group</li> </ul> <hr/>

<ul style="list-style-type: none"> <li>• Show slide and ask: Why is how we respond to disclosure so important for the person who is disclosing?</li> <li>• While the original violent act can stay with people for a long time, it's also true that the responses of those to whom they disclosed can continue to help or hurt them long after the response.</li> <li>• Ask a participant to read the quote from the World Health Organization to emphasize this point.</li> </ul>	<p>The importance of your response</p> <p>"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. <b>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.</b> 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."</p> <p><small>Source: World Health Organization, 2013.</small></p> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and ask: Having seen the activity and heard the quote from WHO, what happens when we blame victims?</li> <li>• Review the content on the slide.</li> </ul>	<p>What happens when we blame victims?</p> <ul style="list-style-type: none"> <li>• We discourage people from disclosing violence and seeking help.</li> <li>• We harm the mental health of victims of violence.</li> <li>• We place the entire solution to the problem on the shoulders of the person who has been victimized.</li> <li>• We do not place responsibility on the actual perpetrators (excusing behavior and creating impunity).</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and explain: Sometimes we blame unintentionally by asking questions that imply we do not believe the victim or that we think he or she made poor choices.</li> <li>• Ask: What are some questions that might blame a victim? Allow group to provide some answers.</li> <li>• Click slide again to show results. Ask: Why might these questions make the victim feel that you believe they are at fault for what happened?</li> <li>• Example responses are: they make it seem that the victim caused the abuse to occur and/or liked or wanted the abuse.</li> <li>• Emphasize: It's important that law enforcement officers are able to ask questions to understand the situation and what occurred. However, it's also important to be mindful that the way questions are asked can cause victims to feel that they are not believed, which can affect their mental health and decrease their desire to cooperate with law enforcement.</li> </ul>	<p>Discussion: Questions that blame</p> <ul style="list-style-type: none"> <li>• Why were you wearing such revealing clothing?</li> <li>• If you were really afraid, why didn't you run or scream?</li> <li>• Why do you choose to put yourself in risky situations?</li> </ul> <hr/>

- Show slide and explain: It's not only important to the one person we're interacting with. If we blame one victim, this affects the likelihood that others will not come forward.
- Social proof is a concept that psychologists refer to. It helps people determine how to act. When we see someone who had a similar experience to us being blamed, we are less likely to come forward.
- But, by the same token, each time we respond positively, we create social proof that people will be supported. So each time you respond appropriately you create a greater chance for more people to disclose to you. In some cases, we have even seen members of KPs become "ambassadors," taking their friends to a police station to report because they've had such good experiences there.

#### 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."<sup>1</sup>
- As a law enforcement officer, each time you respond appropriately to a victim of violence and support them, you make it more likely that others will also come forward.

Source: Videman, 2017.

- Show slide and explain: Knowing how common it is to blame victims, let's talk for a minute about why. This may also help us to avoid blaming victims, which can easily occur based on how we're socialized and on some very human desires to feel safe.
- Ask for some ideas on why we blame. Then click slide again and go over any that weren't brought up.
  - Gender and societal norms: as we saw in our earlier session on gender, what we believe men and women should and shouldn't do is part of victim blaming. Men are often thought to be unable to control themselves—although not accurate, it is commonly believed—which leaves all the responsibility on women. We hear this in comments that ask what she was wearing, why she was drunk, etc. We also see people blamed for being too far outside of gender norms—for example, a gay man, who is seen as deserving the violence because of being outside of societal expectations.
  - To feel safe ourselves: when we blame victims, we distance ourselves from what happened to them. We do this with all kinds of victims, not just victims of violence. We want to believe that we would never do what the victim did because then we can be convinced that it couldn't happen to us. To go around thinking,

#### 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 norms<sup>1-3</sup>
- To feel safe ourselves<sup>4</sup>
- To feel that the world is just<sup>5,6</sup>
- In an effort to be helpful

Source: 1. Corbin et al., 2016. 2. UNRAVES, 2016a. 3. UNRAVES, 2016b. 4. Joffe-Rabin, 2010. 5. Lerner, 1980. 6. Lerner & Stebbins, 1980.

this could happen to me at any time, is exhausting. So subconsciously, we tell ourselves that we're not like the person it happened to in some way, which leaves the blame on the victim.

- We also know that people want to believe that the world is a just place. If we believe that bad things happen to only bad people, it helps us feel better about the world.
- We've seen this play out in research, for instance in a study by Lerner and colleagues.<sup>55</sup> Research subjects were asked to watch someone being shocked. The person was an actor, so no one was really hurt. One group of research subjects could stop the shocks. The second group could not stop the shocks, so they simply had to watch a person being hurt. After this, both groups were asked to give their opinions of the person being shocked. The research participants who could stop the shocks said the person was a good person. The research participants who could not stop the shocks said the person being shocked was a bad person.
- Finally, we often think that we're being helpful and giving someone a way to avoid violence in the future. But often, especially with sexual and other forms of GBV, the victim already worries that it was their fault and we will only be feeding this belief.

- Law enforcement all over the world recognize that victim-blaming is counterproductive. The International Association of Chiefs of Police (a professional organization for law enforcement leadership) has specifically rejected the idea that victims of violence cause the violence against them in sexual assault cases.
- In their guidance on Sexual Assault Incident Reports, they advise that police should "reassure victims that, regardless of their behavior, no one has the right to sexually assault them."<sup>56</sup>
- The IACP directs sexual assault investigators to focus on (alleged) perpetrators: "An effective investigation will concentrate on gathering as much evidence as possible on the suspect ... not on

#### Guidance from International Association of Chiefs of Police (IACP)

- IACP specifically rejects the idea that victims of sexual violence cause the violence against them.
- Police should "reassure victims that, regardless of their behavior, no one has the right to sexually assault them."<sup>1</sup>
- "An effective investigation will concentrate on gathering as much evidence as possible on the suspect ... not on the victim's character, behavior, or credibility."<sup>1</sup>

Source: International Association of Chiefs of Police, 2005.



<p>the victim’s character, behavior, or credibility” (IACP, 2005, p. 6).</p>	
<ul style="list-style-type: none"> <li>● <b>Summarize:</b> When someone comes to us to report violence, we can help them on a path to healing or further traumatize them. While many of us may find that our gut reaction is to blame the victim, this impulse must be overcome so that law enforcement officers can meet victim’s needs and hold perpetrators accountable.</li> <li>● Avoiding victim blaming does not mean we do not talk about how to increase individuals’ safety. We will talk about safety planning in a few sessions so that victims who report violence to you can leave with ideas on how to increase their safety.</li> <li>● The next sessions will be about how to create an environment that welcomes victims, including one that does not blame.</li> <li>● Ask if there are any final reflections or questions before you move on.</li> </ul>	<p>Questions and reflections</p> <hr style="border: 2px solid orange; margin-top: 20px;"/>




## Session 3.4: Victim-Centered Support

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Handout 5](#): Overview of Victim-Centered Support
- [Exercise Card 6](#): Standing in Her Shoes

<ul style="list-style-type: none"><li>• Distribute <a href="#">Handout 5</a> at the beginning of the session and explain that it will be useful throughout the remainder of the training.</li><li>• Explain: <i>We are now moving into building skills that can be used when disclosure occurs. When KP members have the courage to share their experiences with law enforcement officers, it may be the first time they have told anyone or, as we saw in the “Standing in her Shoes” exercise, it may be that they have already had several terrible experiences when disclosing.</i></li><li>• <i>If victims feel disrespected or judged, they are less likely to share their experiences and less likely to engage in follow-up services, including reporting violence. So, let’s talk about how to respond immediately after someone comes discloses violence. This process can be used with anyone, including members of key populations.</i></li></ul>	
<ul style="list-style-type: none"><li>• Show slide and ask a participant to read each objective out loud.</li></ul>	<p>Objectives</p> <ul style="list-style-type: none"><li>• Provide an appropriate response to victims who disclose violence</li><li>• Demonstrate how to assess safety and explore safety strategies with victims</li></ul>

<ul style="list-style-type: none"> <li>• Show slide and explain: <b>People who disclose violence to law enforcement should be offered immediate victim-centered support.</b></li> <li>• Ask: <b>What do we mean by victim-centered support?</b> Elicit responses.</li> <li>• Review the content on the slide to provide an overview of the components of victim-centered support.</li> </ul>	<p><b>Victim-centered support</b></p> <ol style="list-style-type: none"> <li>1. <b>Use active listening skills to:</b> <ul style="list-style-type: none"> <li>• Acknowledge that it can be difficult to share experiences of violence.</li> <li>• Let the person know you appreciate that he or she is sharing these experiences.</li> <li>• Provide nonjudgmental support and validate the person's experience.</li> </ul> </li> <li>2. <b>Deliver core messages.</b></li> <li>3. <b>Ask about safety.</b></li> <li>4. <b>Ask about other needs.</b></li> <li>5. <b>Provide information and make referrals to available resources.</b></li> </ol>				
<ul style="list-style-type: none"> <li>• Show slide and explain: <b>You see that the first skill is active listening. We all know what good listeners are like, because they are often the ones we choose to talk to when we want to talk about our day. Let's do an activity to think about this further.</b></li> <li>• Ask a participant to read the scenario on the slide and then have the group break into pairs to discuss who they would want to talk about their bad day with and why. Give them five minutes to work together.</li> </ul>	<p><b>Activity: Skills of a good listener</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• In pairs, discuss: <ul style="list-style-type: none"> <li>– Who would you talk to about your day?</li> <li>– Why would you choose this person?</li> </ul> </li> </ul>				
<ul style="list-style-type: none"> <li>• Show slide and facilitate large group discussion about things they would want a listener to do and not do when they are sharing details about their bad day.</li> <li>• Click the slide again to show good listening skills. Go over any that were not discussed.</li> <li>• Click again to show what should be avoided. Go over any that were not discussed.</li> <li>• Explain that these aspects apply when someone discloses violence.</li> <li>• Ask if there are any questions or comments.</li> </ul>	<p><b>Activity: Brainstorm listener do's and don'ts</b></p> <table border="1"> <thead> <tr> <th>Things you want the listener to do</th> <th>Things you don't want the listener to do</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• Be patient and calm</li> <li>• Let you know that they're listening (nod head, make eye contact, etc.)</li> <li>• Acknowledge how you're feeling</li> <li>• Let you tell the story at your own pace</li> <li>• Encourage you to share</li> <li>• Give you time to think</li> <li>• Stay focused on you</li> <li>• Respect your wishes</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Pressure you</li> <li>• Look at their watch or seem distracted</li> <li>• Judge you</li> <li>• Rush you</li> <li>• Assume they know what is best for you</li> <li>• Interrupt</li> <li>• Finish your thoughts for you</li> <li>• Tell you their own troubles or someone else's</li> </ul> </td> </tr> </tbody> </table>	Things you want the listener to do	Things you don't want the listener to do	<ul style="list-style-type: none"> <li>• Be patient and calm</li> <li>• Let you know that they're listening (nod head, make eye contact, etc.)</li> <li>• Acknowledge how you're feeling</li> <li>• Let you tell the story at your own pace</li> <li>• Encourage you to share</li> <li>• Give you time to think</li> <li>• Stay focused on you</li> <li>• Respect your wishes</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure you</li> <li>• Look at their watch or seem distracted</li> <li>• Judge you</li> <li>• Rush you</li> <li>• Assume they know what is best for you</li> <li>• Interrupt</li> <li>• Finish your thoughts for you</li> <li>• Tell you their own troubles or someone else's</li> </ul>
Things you want the listener to do	Things you don't want the listener to do				
<ul style="list-style-type: none"> <li>• Be patient and calm</li> <li>• Let you know that they're listening (nod head, make eye contact, etc.)</li> <li>• Acknowledge how you're feeling</li> <li>• Let you tell the story at your own pace</li> <li>• Encourage you to share</li> <li>• Give you time to think</li> <li>• Stay focused on you</li> <li>• Respect your wishes</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure you</li> <li>• Look at their watch or seem distracted</li> <li>• Judge you</li> <li>• Rush you</li> <li>• Assume they know what is best for you</li> <li>• Interrupt</li> <li>• Finish your thoughts for you</li> <li>• Tell you their own troubles or someone else's</li> </ul>				
<ul style="list-style-type: none"> <li>• Show slide and emphasize: <b>As we saw from the brainstorm, you know who good listeners are. But that doesn't mean we always use good listening skills. Since active listening is an essential component of providing victim-centered support, we're going to spend some time learning about and practicing active listening skills. These skills are also important for you to obtain the information you need about the case because they may encourage the person reporting a crime to share more information.</b></li> <li>• <b>Listening techniques include expressing your interest and concern with your body language such</b></li> </ul>	<p><b>Discussion: Demonstrating active listening skills</b></p> <p><b>How do we show that we're actively listening?</b></p> <ul style="list-style-type: none"> <li>• Nodding</li> <li>• Saying "uh huh"</li> <li>• Leaning closer</li> <li>• Making eye contact</li> <li>• Giving the person time to tell his or her story at his or her own pace</li> <li>• Being comfortable with silence and pauses (e.g., giving person time to think)</li> <li>• Avoiding distractions (phone/watch)</li> <li>• Trying to reflect back or further inquire about what the person is saying</li> </ul>				

<p>as facial expressions, eye contact, and gestures, as well as your words.</p> <ul style="list-style-type: none"> <li>• Much of being a good listener is demonstrated through body language, being comfortable with silence, and not rushing the person.</li> <li>• Ask: What are some ways we show people we are being a good listener? Elicit responses.</li> <li>• Click slide again to show examples.</li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and explain: In addition to using active listening skills during victim-centered support, it's important to deliver core messages that convey: <ul style="list-style-type: none"> <li>– You appreciate them sharing their experiences with you.</li> <li>– Their experience has happened to other people, and they are not alone.</li> <li>– It's safe for them to talk to you about their experience.</li> <li>– You will support them and the choices they make, either through services offered by law enforcement or referral.</li> </ul> </li> <li>• Review core messages on the slide.</li> </ul>	<p><b>Deliver core messages</b></p> <ul style="list-style-type: none"> <li>• Thank you for sharing that with me.</li> <li>• I am here to support you and explain your options.</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Show slide and ask: What are some things we should avoid saying to victims who disclose violence? Elicit responses.</li> <li>• Click slide again to show examples.</li> <li>• Emphasize: <b>DO NOT...</b> <ul style="list-style-type: none"> <li>– Blame the victim <ul style="list-style-type: none"> <li>▪ “You put yourself at risk.”</li> </ul> </li> <li>– Place doubt on the victim’s story <ul style="list-style-type: none"> <li>▪ “What I don’t understand is why he would have attacked you?”</li> </ul> </li> <li>– Say anything that minimizes how the victim feels <ul style="list-style-type: none"> <li>▪ “Everyone has bad days. You’ll get over it.”</li> </ul> </li> <li>– Ever recommend that they change their profession, sexual orientation, or gender identity to avoid violence <ul style="list-style-type: none"> <li>▪ “You need to leave sex work. It’s just a violent profession.”</li> <li>▪ “If you stopped being so open about who you are, you would be safer.”</li> </ul> </li> </ul> </li> </ul>	<p><b>Messages to avoid</b></p> <p><b>Avoid statements that</b></p> <ul style="list-style-type: none"> <li>• Place blame on the victim</li> <li>• Doubt the victim’s story</li> <li>• Minimize what the victim experienced</li> <li>• Recommend the victim change their profession, sexual orientation, or gender identity to avoid violence</li> </ul> <p><b>Avoid questions that suggest fault</b></p> <ul style="list-style-type: none"> <li>• Why were you wearing such revealing clothes?</li> <li>• What did you do to make him angry?</li> <li>• If you were really afraid, why didn’t you run or scream?</li> <li>• Why do you choose to put yourself in risky situations?</li> </ul> <hr/>

- Explain: **Let’s practice delivering core messages right now.**
- Ask four of the original volunteers plus the person who played the sex worker in the Standing in Her Shoes activity to come to the front.
- Give the same volunteer the “sex worker” card from [Exercise Card 6](#): Standing in Her Shoes.
- Explain that the victim will go up to each person individually and tell them what happened to her.
- When the victim does this, the listener will deliver ONE core message.
- Don’t provide feedback as participants practice (unless they ask for help); rather, wait until the end to provide constructive feedback.
- Acknowledge that this takes practice.

**Activity: Revisit standing in her shoes**

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

*[Note to the facilitator: If the law enforcement agency already has a system in place to assess safety, it’s important to find that out in advance and consider using that process during this session as long as it aligns with the principles in Session 3.1]*

- Show slide and explain: **The next step is asking about safety.**
- Ask questions to assess safety and identify opportunities to increase safety.
- For example, “I want to check with you about your safety. Do you have concerns about your safety or the safety of your children?”
- If the victim does not feel safe, make referrals and/or offer whatever services can be made available at the station.

**Ask about safety**

Assess current safety and identify opportunities to increase safety:

- **Ask:** Do you have any concerns about your safety or the safety of your children (if relevant)?
- **Offer:** The help that your law enforcement agency can make available
  - Accompaniment to pick up clothing/medication
  - Accompaniment to a safe location
  - A protection order
  - Other options?

- Individuals who are experiencing violence may have a range of needs beyond those related to their safety. These include physical health needs, mental health needs, and needs for other social services. Ask whether the person has other immediate needs that you can help them address, including through referral.

**Ask about other needs**

Consider

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

- Show slide and explain: **At the beginning of Module 3, we went over the referral network and process. It is important to talk to a victim about their options, including referrals to available resources.**
- Explain that effectively linking someone to other services is easier when the officers:
  - Are familiar with the referral network for their community
  - Explain what types of clinical/medical services are available
  - Refer to mental health providers/counselors
  - Provide legal information and refer to legal services
  - Offer to go with the victim (or send someone with the victim) to the referral site
  - Do not pressure anyone to seek additional services
  - Offer themselves as a resource
- Explain that if officers provide printed materials with information about resources to the victim, they should caution about taking printed materials home if the person lives with an abuser.

*[Note to the facilitator: The country team should add information here on the specific places that referrals can be made and how to get in touch with those referral networks. This information was also presented in Session 3.1. If the program has a service directory, this should be shared with the participants. If the program can provide accompaniment—for example, from a peer educator—share this information. In some settings accompanied referral is always offered to members of KPs who seek support from law enforcement agencies.]*

- Show slide and explain: **Even if someone does not get all the services that you wish they would in this moment, know that they are learning to recognize you as a resource. Ideally, this will mean someone will come back to you if they have issues in the future.**

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
- Offer to call in advance or provide accompaniment if referring
- Do not pressure anyone to access other services
- Offer yourself as a resource in the future, even if the victim doesn't want services today

*[Country team to include key points from Session 3.1 on the referral network and process for the above services]*

Recognizing you as a resource

- Ideally someone is able to come back to you or your law enforcement agency 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."

- Summarize:
  - Law enforcement agencies are an important part of the referral network.
  - Victims will be referred to you by health care clinics, psychosocial support providers, and community outreach workers if they wish to report violence.
  - You can play a key role in creating a stigma-free environment at your station so key populations and other victims of violence will reach out for help when needed.
  - When you serve one member of a community, they are likely to act as an ambassador to their friends and colleagues, encouraging others to seek your help.
- Ask participants whether they have any final questions or reflections on what has been shared.

Questions and reflections

---

## Session 3.5: Responding to and Documenting Cases of Violence

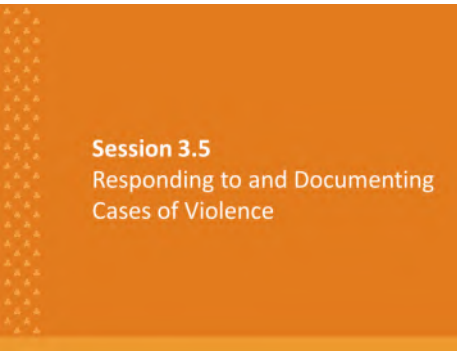
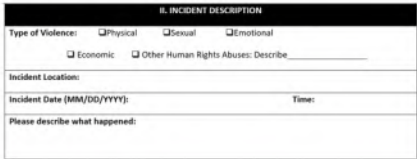
Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Handout 6](#): Sample Law Enforcement Reporting Form, or forms used by the local law enforcement agency
- [Exercise Card 7](#): Victim Roles for Victim-Centered Support and Documentation Practice

### Planning Ahead

This session should be organized prior to the training. Facilitators should ask law enforcement officers to bring copies of their unit’s forms for writing statements and documenting cases of violence. If they do not have such forms, [Handout 6](#) can be used.

<ul style="list-style-type: none"> <li>• Explain: We will now talk about documenting cases of violence, an important part of providing services to victims of violence.</li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read each objective out loud.</li> </ul>	<p>Objectives</p> <ul style="list-style-type: none"> <li>• Practice responding to disclosures of violence appropriately while documenting the case</li> <li>• Discuss reporting structures</li> </ul>
<ul style="list-style-type: none"> <li>• Show slide and ask participants to refer to their unit’s existing statement and reporting forms or the sample form (<a href="#">Handout 6</a>: Sample Law Enforcement Reporting Form).</li> <li>• Explain: I want to spend a few minutes orienting everyone to this statement/ reporting tool and making some key points about its content and use before we practice using it.</li> </ul>	<p>Statement-taking and reporting tools</p> 

- Provide an orientation to the form and review in detail.
- Explain: *We're now going to practice using all our victim-centered support skills and creating an environment that facilitates disclosure by working through some scenarios.*

- Show slide and ask participants to break into groups of three, taking turns in the roles of victim, law enforcement officer, and observer.
- Distribute [Exercise Card 7: Victim Roles for Victim-Centered Support and Documentation Practice](#). In each group of three, give one participant the Victim 1 story, give the second participant the Victim 2 story, and give the third participant the Victim 3 story.
- Explain: *The person playing the role of the law enforcement officer will use their skills to provide victim-centered support and document a case of violence (using their unit's existing statement and reporting forms or [Handout 6: Sample Law Enforcement Reporting Form](#)).*
- The person playing the role of a victim will use a story found in [Exercise Card 7: Victim Roles for Victim-Centered Support and Documentation Practice](#).
- The observer will use the observer checklist to note what they see. Each role-play will last seven minutes. After this time, I will let you know that you should stop and allow the observer to share feedback about what went well and areas that might need improvement.
- When you are the observer, please:
  - Share something that could be improved
  - End with something positive
  - For example: I noticed that you asked a few "why" questions, but then you quickly rephrased them. That was quick thinking. I thought you did a good job using all of the active listening skills.
- After the first role-play and observations are shared within your small group, switch roles until all three of you have had a chance to practice the skills.
- We will spend about 30 minutes practicing, so use your time well!

Activity: practice responding to and documenting violence

**Small Group Exercise**

- In groups of three, rotate so that each person is a victim, a law enforcement officer, and an observer one time
- During the interaction, the law enforcement officer will use their skills to provide victim-centered support and document a case of violence
- Once each interaction is complete, the observer provides their feedback on what went well and what could be improved

**Observer Checklist**

- Active listening
- Deliver core messages
- Ask about safety
- Ask about other needs
- Provide information and make referrals



<ul style="list-style-type: none"> <li>• Don't worry if it feels awkward to you right now. With practice, it will feel and come across as more natural.</li> <li>• The goal is to make documenting cases of violence feel more like a conversation.</li> <li>• Give participants about 10 minutes for each scenario, seven for the role-play and three for the feedback.</li> <li>• Encourage people to make this as realistic as possible, including having victims that don't want services or who want specific services and need referrals that the person playing the role of law enforcement officer practices providing.</li> <li>• Facilitators should circulate, observe, provide guidance, answer questions, etc. If you see a small group that is particularly skilled, consider having them come up to the front to demonstrate for the large group.</li> </ul>	
<ul style="list-style-type: none"> <li>• Depending on the time you have available, either after each round or after everyone has had a turn in each role, show slide and debrief with the large group. Ask questions such as: <ul style="list-style-type: none"> <li>– Were some of the items in this checklist more difficult to do than others? (If any of the checklist items were particularly difficult, ask all participants if anyone was in a group that had strategies that worked well to address that particular item. If so, have participants from that group share with everyone.)</li> <li>– How can we get the information we need without making a victim feel we think they are at fault?</li> <li>– What worked well?</li> <li>– What areas need improvement?</li> <li>– Was it hard to meet the victim's needs with available referrals?</li> <li>– Was anything surprising?</li> </ul> </li> </ul>	<p>Activity: Practice responding to and documenting violence (debrief)</p> <ul style="list-style-type: none"> <li>• How did each of these go? <ul style="list-style-type: none"> <li><input type="checkbox"/> Active listening</li> <li><input type="checkbox"/> Deliver core messages</li> <li><input type="checkbox"/> Check in on safety</li> <li><input type="checkbox"/> Ask about other needs</li> <li><input type="checkbox"/> Provide information and make referrals</li> <li><input type="checkbox"/> Documentation</li> </ul> </li> <li>• What worked well?</li> <li>• What areas need improvement?</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• In some settings forensic examination can be part of evidence gathering when a crime is committed. In the case that such an examination is available and the victim of violence requests that it be done, ensure that the individuals who will be collecting these specimens are trained to work respectfully and appropriately with members of key populations. Individuals who collect forensic</li> </ul>	<p>Forensic specimens</p> <ul style="list-style-type: none"> <li>• If local law enforcement collect forensic specimens to help identify perpetrators of crime, ensure that those collecting the specimens have been trained to work respectfully and appropriately with members of key populations.</li> </ul> <hr/>

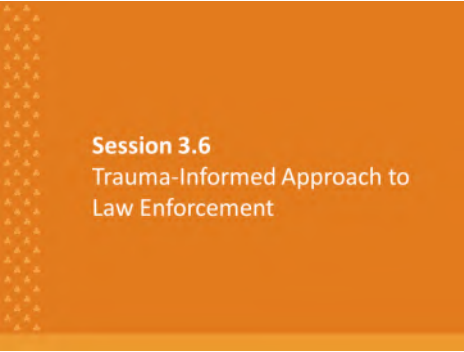
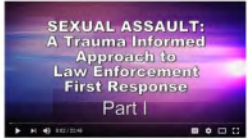
<p>information after sexual assault should also be specially trained on care for sexual assault victims.</p> <p><i>[Note to the facilitator: If forensic evidence is not collected in the country, you may choose to delete this slide.]</i></p>	
<ul style="list-style-type: none"> <li>• Ask if anyone has final reflections or questions on responding to violence and the tools used for documentation.</li> </ul> <p><i>[Note to the facilitator: If issues come up with the forms used, for example, that they do not have an option to record sex assigned at birth and gender identity or there is no place to put the victim's preferred name, note that you will share these with law enforcement leadership for their consideration and/or ask that participants share these observations with commanding officers or through other avenues.]</i></p> <p><i>[Note to the facilitator: If you have time to extend this activity, consider doing another three rounds to allow each person to be the victim, officer, and observer a second time. Either have the participants generate their own scenarios or add additional scenarios in advance.]</i></p>	<p>Questions and reflections</p> <hr style="border: 2px solid orange; margin-top: 20px;"/>

## Session 3.6: Trauma-Informed Approach to Law Enforcement (OPTIONAL)

Time: 45 minutes

### Materials

- Slide presentation
- Flip chart and markers

<ul style="list-style-type: none"><li>• Explain: One cutting edge practice in supporting victims, especially victims of sexual violence, is a trauma-informed approach. As you are building your skills in victim support, we wanted to share training materials from the United States on this topic.</li></ul>	 <p>Session 3.6 Trauma-Informed Approach to Law Enforcement</p>
<ul style="list-style-type: none"><li>• Show slide and ask a participant to read the objective out loud.</li></ul>	<p>Objective</p> <p>Understand the effects of trauma on victims of violence and how trauma affects statement-taking and law enforcement support needed</p>
<ul style="list-style-type: none"><li>• Show slide and introduce the video: While you are watching the video, please do the following:<ul style="list-style-type: none"><li>– Write down one piece of information that is new or surprising to you.</li><li>– Think about a case, sexual assault or otherwise, where you might have seen behavior consistent with the response(s) to trauma talked about in the video.</li></ul></li><li>• Show the entire video (22 minutes) available at: <a href="http://youtu.be/gtWD1XJrhNo">http://youtu.be/gtWD1XJrhNo</a></li></ul> <p><i>[Note to the facilitator: Click <a href="#">here</a> for more guidance on how to use the video.]</i></p>	<p>Video</p> <ul style="list-style-type: none"><li>• <a href="http://youtu.be/gtWD1XJrhNo">http://youtu.be/gtWD1XJrhNo</a></li><li>• Record one thing that surprised you and one time that you've seen a victim exhibit any of the trauma reactions you heard about in the video.</li></ul> 

<ul style="list-style-type: none"> <li>• Break participants into small groups of four to six. Have them use their written reflections to help answer these questions. Give them 10 minutes for the activity.</li> <li>• Bring groups back together and have a few groups volunteer to read their answers.</li> <li>• Emphasize that when law enforcement officers understand the impact of trauma they are more able to support the victim and get the information they need to solve the crime.</li> </ul>	<p>Discussion: Applying what you learned</p> <ul style="list-style-type: none"> <li>• What are the impacts of trauma on victims of violence?</li> <li>• Why is it important for law enforcement officers to understand how trauma can affect a victim?</li> <li>• What can you do differently now that you understand how trauma impacts victims of violence?</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• Ask if there are any questions or reflections from participants.</li> </ul>	<p>Questions and reflections</p> <hr/>

## MODULE 4:

---

# Using What We Have Learned

## MODULE 4:

## USING WHAT WE HAVE LEARNED

### Introduction

This is the final module of the training. It recaps what has been learned while making clear the expectations going forward. It contains sessions on self-care for officers including confronting secondary stigma and ends with an opportunity to confidentially commit to joining a list of sensitized officers willing to support KP members.

This module includes the following sessions and learning objectives:

#### Session 4.1 Taking Care of Ourselves: Identifying and Confronting Secondary Stigma and Stress

- Recognize and identify ways to counter the impacts of secondary stigma on law enforcement officers who work with members of KPs
- Identify ways to counter the impacts of work-related stress

#### Session 4.2 Reflections on What We Have Learned and How to Integrate It into Our Work

- Identify and discuss specific “asks” of law enforcement officers going forward
- Understand or create plans for continued engagement with key populations

#### Session 4.3 Post-Test and Training Evaluation

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

#### Session 4.4 Closing Ceremony and Final Words

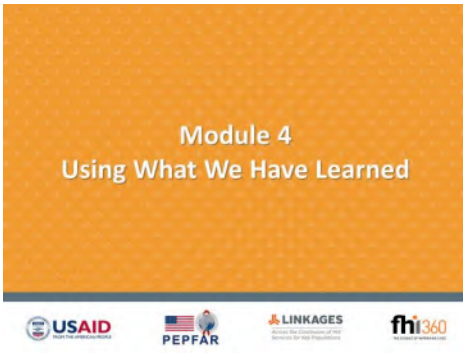
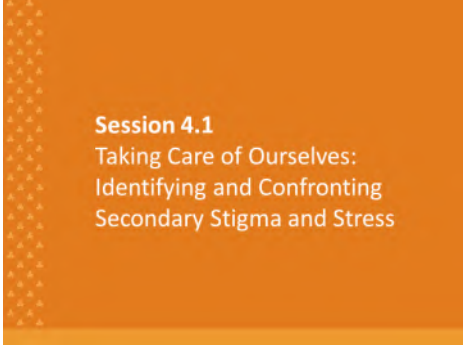
- Acknowledge participant effort and commitment

## Session 4.1: Taking Care of Ourselves: Identifying and Confronting Secondary Stigma and Stress

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers
- Candy (as prizes)
- [Exercise Card 8](#): Combatting Secondary Stigma
- [Exercise Card 9](#): Stress Reduction Activities

<ul style="list-style-type: none"> <li>• Say: <b>We are now in our final module of the training.</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Explain: <b>Our first session in this module is about taking care of ourselves. We have spent a lot of time improving our skills to support others, but when we work in law enforcement—a high-stress profession—and when we serve those who are most vulnerable, we need to make sure we have appropriate mechanisms in place to support ourselves in this difficult work.</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Show slide and ask a participant to read each objective out loud.</li> </ul>	<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Recognize and identify ways to counter the impacts of secondary stigma on law enforcement officers who work with members of KPs</li> <li>• Identify ways to counter the impacts of work-related stress</li> </ul>

- Show slide and say: One of the big issues that comes up for officers as they implement what they have learned in this training is secondary stigma. As you can see here, secondary stigma is directed at those who are working with stigmatized groups. In this context, it would mean that an officer who is now helping sex workers, for example, may also be stigmatized for this association.
- Ask: How could secondary stigma affect officers who recognize it is their job to serve all people and stop discriminating against men who have sex with men, people who inject drugs, sex workers, and transgender people?
- Answers may include: It could cause officers to fear helping KP members, and it could lead to stress and anxiety for officers who do help.
- Say: We recognize this potential barrier to using what you've learned during this training and are going to play a game to learn how to overcome it.

#### 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.

- Refer to [Exercise Card 8](#): Combatting Secondary Stigma.
- Remind officers of all the reasons they are proud to be officers, especially if helping the vulnerable is referenced. Then say that this can still be difficult, even when someone is brave and committed to their work.
- Explain: We will play a game called “the best response game.” We are going to think together about what we can say/do when confronted with secondary stigma so that we can limit its impact on our actions.
- In this game, we will begin with two contestants. (Alternatively, this can be done in teams.) They will hear an example of secondary stigma and give their ideas for how they could address this situation. The rest of the participants will decide by clapping for the answer they think is the best.
- Have two people come up to the front of the room. Read the first scenario and let them respond. Then let the participants decide, by clapping loudly for their favorite answer, which answer was best.
- The winner of the most applause stays in the front to compete again. The other person sits down.
- You can give the winner of each scenario candy or wait until the end to award the candy prize.

#### Activity: Best response game

- Being willing to stand up for and with marginalized groups takes bravery.
- Trained officers 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.



<ul style="list-style-type: none"> <li>• After each round, ask participants why the winning answer won and then invite a new competitor to come to the front.</li> <li>• Continue until all the scenarios have been used (or you can ask participants to share some of their own experiences or scenarios they worry could occur).</li> <li>• The winner of the last round gets the largest candy prize.</li> </ul>									
<ul style="list-style-type: none"> <li>• Say: <i>Now that we have thought about secondary stigma specifically, let's think about self-care more broadly.</i></li> <li>• Show slide and review the content.</li> </ul>	<p><b>Self-care</b></p> <p>Self-care is the <i>intentional</i> time taken by an individual to <i>nurture</i> themselves physically, mentally, spiritually, and emotionally on a <i>daily</i> basis.</p>								
<ul style="list-style-type: none"> <li>• Show slide and explain: <i>All these elements are part of the balance that allows us to care for ourselves. When we don't care for ourselves, we see consequences that affect our work and our personal well-being.</i></li> <li>• Ask for volunteers to read over the contents of the slide.</li> </ul>	<p><b>Consequences of poor self-care</b></p> <table border="1"> <tr> <td><b>Mental health</b></td> <td>Frustration, irritability, anxiety/fear, confusion, poor concentration, helplessness, hopelessness, depression, low morale, pessimism, compassion fatigue, guilt, etc.</td> </tr> <tr> <td><b>Physical health</b></td> <td>Stress-related illness (hypertension, ulcers, acid reflux/heartburn, skin rash, etc.); headaches, back pain, insomnia, and arthritis</td> </tr> <tr> <td><b>Relationships (personal and professional)</b></td> <td>Conflict, tension, misunderstanding, anger, emotional or physical abuse</td> </tr> <tr> <td><b>Organizational health</b></td> <td>Increased absenteeism, diminished productivity, team conflict, turnover</td> </tr> </table>	<b>Mental health</b>	Frustration, irritability, anxiety/fear, confusion, poor concentration, helplessness, hopelessness, depression, low morale, pessimism, compassion fatigue, guilt, etc.	<b>Physical health</b>	Stress-related illness (hypertension, ulcers, acid reflux/heartburn, skin rash, etc.); headaches, back pain, insomnia, and arthritis	<b>Relationships (personal and professional)</b>	Conflict, tension, misunderstanding, anger, emotional or physical abuse	<b>Organizational health</b>	Increased absenteeism, diminished productivity, team conflict, turnover
<b>Mental health</b>	Frustration, irritability, anxiety/fear, confusion, poor concentration, helplessness, hopelessness, depression, low morale, pessimism, compassion fatigue, guilt, etc.								
<b>Physical health</b>	Stress-related illness (hypertension, ulcers, acid reflux/heartburn, skin rash, etc.); headaches, back pain, insomnia, and arthritis								
<b>Relationships (personal and professional)</b>	Conflict, tension, misunderstanding, anger, emotional or physical abuse								
<b>Organizational health</b>	Increased absenteeism, diminished productivity, team conflict, turnover								
<ul style="list-style-type: none"> <li>• Show slide and explain: <i>Let's look at some recommendations for self-care that can help us avoid stress or cope with it.</i></li> <li>• First, you need to be aware of what might trigger you. For example, some people find it difficult to support individuals who want to talk about experiences of violence from childhood because they themselves also had those experiences and have never discussed them. If you have specific triggers you're aware of, talk to your supervisor about how others might be able to be called in to support specific cases or victims.</li> <li>• Connect with trusted colleagues you can talk to about your responses. Ideally some kind of monthly meeting is held during which staff mental health is discussed and prioritized. Cases that are the most difficult or have made a lasting</li> </ul>	<p><b>Recommendations for self-care</b></p> <ol style="list-style-type: none"> <li>1. Be aware of our own emotional reactions and distress when confronting others' traumatic experiences (know what traumatic material may trigger us).</li> <li>2. Connect with trusted colleagues or other supportive people and talk about our reactions.</li> <li>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.</li> </ol>								

<p>impression can be discussed, but without disclosing any information that would identify a given victim.</p> <ul style="list-style-type: none"> <li>● Maintain a balance in which you are not working all the time and not constantly exposed to violence. This might mean limiting your exposure to news or even violent movies and books. When you do have time to yourself, see whether it's possible to fit in even five minutes of deep breathing to give yourself the chance to reset and calm down.</li> </ul>	
<ul style="list-style-type: none"> <li>● Show slide and review the content.</li> <li>● Ask pairs to speak briefly about what they do to take care of themselves and which of these are actually helpful.</li> <li>● After four to five minutes, have people share anything that was particularly helpful or something their partner said that they had never thought of doing before or had never tried.</li> </ul>	<p>Discussion: Strategies for coping with stress</p> <p>Turn to the person next to you and discuss:</p> <ul style="list-style-type: none"> <li>● What do you do when you're feeling stressed?</li> <li>● Which of these activities do you think is most effective at helping you feel better?</li> </ul>
<ul style="list-style-type: none"> <li>● Show slide and say: <i>These are some examples that others have found helpful to relieve stress and take care of themselves.</i></li> </ul> <p><i>[Note to the facilitator: Review these examples in advance to ensure they are appropriate in your setting. Feel free to add or revise as needed.]</i></p>	<p>Some examples of self care</p> <ul style="list-style-type: none"> <li>● Quiet walks by yourself</li> <li>● Little meditative periods (waiting for something, a cancellation of a session, a brief illness) are opportunities for a quiet, reflective, peaceful time</li> <li>● Time and space for meditation</li> <li>● Reading (spiritual, fiction, biographies)</li> <li>● Some light exercise</li> <li>● Opportunities to laugh in the company of cheerful friends</li> <li>● A hobby</li> <li>● Listening to music you enjoy</li> </ul>
<p><i>[Note to the facilitator: Consider doing one of the activities included in <a href="#">Exercise Card 9</a> if you think it would be well received. If not, you can simply remind participants that breathing deeply is often enough to help calm our minds and bodies when we are stressed. The exercises are taken from <i>Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook</i>.<sup>57</sup>]</i></p>	<p>Activity: Stress relief</p>
<ul style="list-style-type: none"> <li>● Ask if there are any questions or reflections from participants about secondary stigma or self-care.</li> </ul>	<p>Questions and reflections</p>

## Session 4.2: Reflections on What We Have Learned and How to Integrate It into Our Work

Time: 60 minutes

### Materials

- Slide presentation
- Flip chart and markers

### Planning Ahead

This session makes a series of “asks” of officers who have just been trained. These asks should be reviewed and revised by senior law enforcement before they are shared during the training. In addition, a slide describes the ongoing support officers will receive as they use what they’ve learned during the training. This slide should also be reviewed and revised by senior officials as well as modified to reflect any follow-up support offered by the HIV program implementing the training. Finally, any issues that came up throughout the training—especially the environmental factors discussed in Session 2.5—can be responded to by senior officials during this session if the officials are prepared to comment.

In addition, please determine in advance whether the final activity of this session is needed.

- Say: Now that we understand the issue of violence against members of key populations and how it also affects health and well-being, what we can do about it, and how to take care of ourselves as we do this important work, let’s talk about what’s next.

- Show slide and ask a participant to read each objective out loud.

### Session 4.2 Reflections on What We Have Learned and How to Integrate It into Our Work

#### Objectives

- Identify and discuss specific “asks” of law enforcement going forward
- Understand or create plans for continued engagement with key populations

- Show slide and say: **One of the most important things to take away from this training is what we ask of you.**
- Ask participants to read each one aloud; answer any questions if a specific “ask” is unclear.

*[Note to the facilitator: Review this list of “asks” in advance with senior officials to ensure that nothing here contradicts with other instructions. Add to it as possible. Ideally, a senior official will present this slide to show their support for these “asks” and answer questions about them.]*

### What we are asking of each of you

#### Always

- Treat all people with respect.
- #### In the community
- Caution when possible instead of arresting.
  - When arrest is required, arrest with dignity.
  - Don't harass KP members (sexually, economically, emotionally/psychologically, physically).
  - Do not confiscate condoms, lubricants, or sterile injecting equipment.
  - Share information on rights and police procedures whenever making an arrest.

#### When someone reports a crime

- Don't arrest the victim when someone comes to report a crime.
- If you can prosecute, and the victim wants you to, do.
- Help keep all victims safe.
- Explain what is available and link each victim to desired services (e.g., PEP, emergency contraception, mental health and social services).

- Show slide and say: **We are asking you to take forward all that you've learned here, and we will support you as you make these changes.**
- Review contents of slide to explain the nature of the support available.
- Ask: **What other support is needed?**

*[Note to the facilitator: Review and revise the contents of this slide in advance with senior law enforcement officials to ensure that this is an accurate representation of the support to be provided going forward. Ideally, a senior official will present this slide to show their commitment to offering this support and answer questions about the support to be offered. If a senior official is not able to attend this session, capture any additional support needed and share this later. Ongoing support from the HIV program should also be captured in this slide.]*

*[Note to the facilitator: If issues that came up in the training—such as environmental factors that make it more difficult to act on what has been learned in this training (discussed in Session 2.5)—were already shared with senior officials, this time is a good opportunity for the officials to share their responses.]*

### How we will support you

- Continued training or expanded training that will occur for other officers
- Any updates to police procedures
- How supervisors will be tasked with supporting officers to implement what they've learned

- Show slide and explain: **One thing each of you can do is add your name to a service directory. This will be used to identify officers who can be called upon if a KP member needs support in your district or has had trouble getting help from others. You may also be called in case a KP member has been arrested to ensure that they are treated with dignity.**

### 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.

- Distribute small cards and have everyone write their name and contact information on the card. At the bottom of the card, each person should indicate whether they wish to be part of the service directory.
- Collect all cards; do not disclose who did and did not choose to be part of the directory.

*[Note to the facilitator: There may be those who indicate a willingness to be on the list who should not be included because they do not offer KP-friendly support. Ensure that the list is reviewed by KP-led or KP-serving organizations both before it is initially circulated and at regular times so that all officers included can be relied upon to provide support.]*

*[Note to the facilitator: This activity is optional and may require adaptation. If the officers trained will be tasked with sharing what they've learned during the training with others or going back to their stations to suggest and enact reforms, those next steps should be planned and discussed here. If they will not be asked to share information or skills, or make larger changes at their stations, this activity may not be needed or can be modified to offer time for them to plan other actions.]*

- Explain: This work doesn't stop with you all. The [insert number of police stations or other relevant metrics of law enforcement agencies in country if known] will also have a role to play. We can't reach all of them, but we want to think about who you could share information and ideas with.
- Let's think about how to take this back to your station or region. Sit with a team from your region or station and plan the activities you'd like to do, including details on when they will occur and what kind of support you may need.
- Once everyone works together for 20–25 minutes, ask them to come back and present highlights to the larger group. Make sure you document the plans, especially the support needed. If the local KP program will be able to help them move their efforts forward, share exactly the kind of support (monetary, technical assistance, other) that can be provided.

#### Activity: Next steps

In regional or station-specific groups, fill out a table with the following information to plan your next steps.

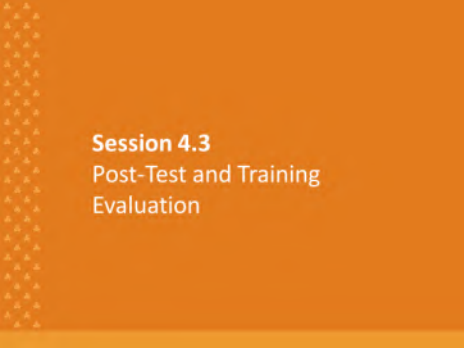
Activity	With whom	When	Resources required	Possible challenges	Support needed

## Session 4.3: Post-Test and Training Evaluation

Time: 15 minutes

### Materials

- Slide presentation
- Flip chart and markers
- [Handout 1](#): Pre-Test/Post-Test
- [Handout 7](#): Training Evaluation

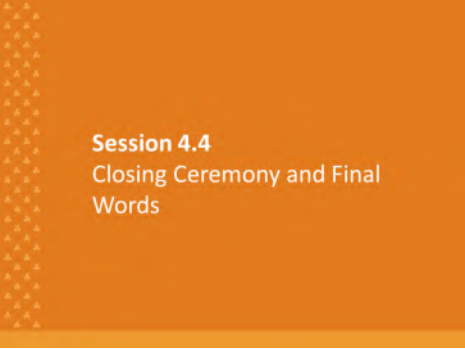
<ul style="list-style-type: none"><li>• Explain: <i>We're now wrapping up the training by hearing your feedback so that we can continue to improve.</i></li></ul>	
<ul style="list-style-type: none"><li>• Show slide and ask a participant to read each objective out loud.</li><li>• Distribute the post-test (the same as the pre-test, <a href="#">Handout 1</a>).</li><li>• Distribute the evaluation (<a href="#">Handout 7</a>).</li><li>• Give 10–15 minutes to complete both.</li></ul>	<p>Objectives</p> <ul style="list-style-type: none"><li>• Assess newly acquired knowledge and attitudes</li><li>• Provide feedback on the workshop</li></ul>

## Session 4.4: Closing Ceremony and Final Words

Time: 15 minutes

### Materials

- Slide presentation
- Closing remarks by senior law enforcement official
- Flip chart and markers
- Certificates of completion (optional; to be developed by the local program)

<ul style="list-style-type: none"><li>• Show slide and explain: <b>We are now in our final session of the training and will complete a closing activity.</b></li><li>• Ask each person to say one way that the training will impact their personal or professional lives.</li></ul>	
<ul style="list-style-type: none"><li>• Facilitators should provide final words and thank all those who came, especially senior level officials who supported the effort, and anyone who helped with logistics.</li><li>• Depending on protocol, the final speaker may be a high-ranking law enforcement official who can officially close the training.</li></ul> <p><i>[Note to the facilitator: If it is important to provide certificates of completion/attendance, do so at this time.]</i></p>	<p>Objective</p> <p>Acknowledge participant effort and commitment</p> <hr data-bbox="935 1323 1402 1330"/>

# ANNEXES

---

[Annex 1](#): Additional LINKAGES Violence Prevention and Response Tools

[Annex 2](#): Opening Activities and Energizers

[Annex 3](#): Ways to Recap Information

[Annex 4](#): Daily Closing Activities

[Annex 5](#): Legal Rights of Sex Workers

[Annex 6](#): Glossary



## Annex 1: Additional LINKAGES Violence Prevention and Response Tools

Title	Purpose	Target Audience
<i>Key Population Program Implementation Guide</i> <sup>58</sup>	Provide information on the essential elements of KP programs and help standardize LINKAGES country programs based on proven, high-quality interventions	Program implementers
<i>A Guide to Comprehensive Violence Prevention and Response in Key Population Programs</i> <sup>33</sup>	Support the design, implementation, and evaluation of violence prevention and response activities within KP programs, including principles and step-by-step guidance for implementation	Program designers, managers, and evaluators
<i>Gender Strategy</i> <sup>38</sup>	Explain the rationale for and the process for implementing the LINKAGES gender strategy, including activities to prevent and respond to GBV	Program designers, managers, and evaluators
<i>Health4All: Training Health Workers for the Provision of Quality, Stigma-Free HIV Services for Key Populations</i> <sup>59</sup>	Raise the consciousness of staff in health care settings about the effects of stigma and discrimination and train HCWs on how to provide stigma-free, appropriate services to KP members	Staff in health care settings
<i>Health Care Worker Training: Preventing and Responding to Violence Against Key Populations</i> <sup>60</sup>	Build the knowledge and skills of HCWs to ask KP members about violence and respond to individuals who disclose violence	Health care workers (clinical and nonclinical)
<i>Peer Educator and Outreach Worker Training: Preventing and Responding to Violence Against Key Populations</i> <sup>61</sup>	Build the knowledge and skills of PEs, PNs, and ORWs to ask KP members about violence and provide first-line support to individuals who disclose violence during outreach activities	Peer educators, peer navigators, and outreach workers
<i>Enhanced Peer Outreach Approach (EPOA): Implementation Guide</i> <sup>62</sup>	Describe EPOA and its potential benefits, the essential components of EPOA, and the steps involved in implementation, including potential challenges	Peer educators
<i>Peer Navigation for Key Populations: Implementation Guide</i> <sup>63</sup>	Provide guidance for programs implementing peer navigation as part of a core package of HIV-related interventions for KP members	Peer navigators
<i>Safety and Security Toolkit: Strengthening the Implementation of Programs for and with Key Populations</i> <sup>64</sup>	Help KP program implementers identify and address safety and security concerns	Program implementers

## Annex 2: Opening Activities and Energizers

**Think about ourselves in a positive way:** Ask participants to form pairs with someone at their table. Each person will take a turn sharing their two most positive characteristics. Have participants introduce each other, including their positive characteristics, to the larger group and record on flip chart titled “We are FABULOUS!” Emphasize that we all have a lot to offer, and we do this work because we care about people.

**Two lies and a truth:** Everyone writes down three statements on a piece of paper, two that are true and one that is false. People read each other’s statements then try to determine which is false.

**Four Cs:** This icebreaker emphasizes that we all are unique, yet we still have some things in common. Each person gets a note card or index card and draws lines to make four squares on it. In the squares, they write: their favorite cuisine, favorite place to visit on vacation (it can be one they have never been to), favorite color, and a dream they have. They then mingle around and find people with whom they have something in common. When they find a commonality, they latch on with that person and form a unit. They then go find more people with commonalities. The idea is that everyone in the room will become attached because we all have something in common.

**Guess who?** This icebreaker is useful for team building and helping people get to know one another. It is also often very funny. Split participants into groups of five or so. Give each participant an index card (everyone in a group gets the same color card.) Ask them to write one interesting thing about themselves on the card. They shuffle the cards (within their group) and then re-draw so that each person gets someone else’s card (they don’t know whose it is). They then try to guess whose card it is.

**Write your name:** Have participants stand and leave room between themselves and the next person. As a way to get the blood flowing in different parts of the body, have participants imagine they have a huge pencil in their dominant hand. Instruct them to write their name in the air with that pencil as big as they can. Then instruct them to place that imaginary pencil in their nondominant hand and write their name in the air. Then have them put the pencil in between their toes on their right foot and write their name, then between the toes on their left foot, with their mouth, and lastly with their belly buttons. Participants have a lot of fun watching others since everyone looks funny spelling their name in the air.

**Word and deed:** Stand in a circle. Facilitator starts by doing one action and describing another. The person to his or her right acts out what he or she is saying and does something else. Continue around the circle until everyone has a chance to “multitask.”

### ABCs:

- Have participants form a circle.
- Pick a category such as animals, countries, or foods. Choose a category that will be easy for the participants. Even the easiest category is hard in this game!
- Tell participants to go around the circle with each naming something within that category. The first person will name an animal starting with “A” (e.g., aardvark). The

next person will name an animal starting with “B” (e.g., bear). The third person in the circle will name an animal starting with “C” (e.g., cat), and so on.

- Once you have gone around the circle once, you can stop there, go around again with the same category, or choose another category.

### Annex 3: Ways to Recap Information

Each morning after the first day, it will be useful to recap what was learned the previous day. Here are some activities for this purpose.

#### Ball of questions:

- Write down questions about what the group learned the day before, one question per sheet of printing paper.
- Scrunch up the first question/paper into a small ball. Wrap the second question/paper around the first and so on until you have a ball that is many sheets of paper.
- Tell the group that they will throw the ball to one another. Each person that receives the “ball” should unwrap and try to answer the outermost question.
- Continue to throw the “ball” until all questions are answered.

#### Tweets and texts:

- Tell participants one of the things they will be doing after the training is explaining to others why the material from the training is important. This means they need to be able to share their ideas quickly and in an interesting way.
- Ask participants to work with a partner to create a tweet or text message about one thing they learned the previous day. Tweets/texts should have no more than 20 words. For example, “We must protect KPs from violence or we will never stop HIV.” Or “Working with law enforcement officers prevents violence and makes sure KP victims get the help they need.”
- Give partners five minutes and then have everyone share their tweet/text. As they are shared, write them on flip chart paper.
- After all are shared, have everyone vote for their favorite. Give the winning pair candy or another small prize.

#### True/false:

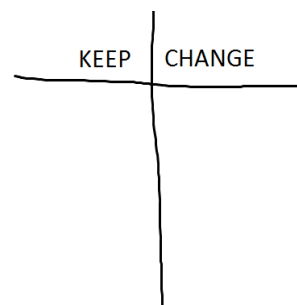
- Put up the word “true” on one side of the room and “false” on the other.
- Have everyone stand in between the two words.
- Read out statements that are either true or false. Statements should be facts and not opinions about what was learned the day before (e.g., “violence against gay men may occur because people think that gay men aren’t living according to ‘rules’ that dictate men’s behavior.” [true] or “Victims of violence only need legal support.” [false])
- Have people move to one side or the other based on whether they think each statement is true or false.
- After each, explain whether the statement was true or false and why.

## Annex 4: Daily Closing Activities

These activities can give you a sense of what people learned, enjoyed, or want to see changed in the future. Make sure if you solicit feedback on possible changes, you are responsive to that feedback—either changing things the next day or explaining why certain changes are not possible.

### Something I would keep; something I would change:

- Draw a “T-chart” on a piece of flip chart paper (it looks like a lower case “t”; see image at right).
- Write “keep” across the top left-hand side and “change” on the top right-hand side.
- Ask for volunteers to share both things they would keep the same and things they would change if they were to do that day of training over again.



### Colorful feedback:

- Distribute sticky notes in three colors and explain that each color corresponds to a different bit of feedback (e.g., pink = something they like; blue = something they would change; green = a question they have about what was covered that day)
- Give time for participants to fill out the three sticky notes.
- Have participants place the sticky notes on the wall in a specific location (organized by color).
- Summarize the sticky notes during the evening and present a summary of the feedback in the morning, making sure to answer any questions raised.

### Voting with stickers:

- Put up a large version of the agenda on flip chart paper (with the titles of each session).
- Give each participant three stickers.
  - Have participants come up and “vote,” using their stickers, for the activities they liked the most.
- Tell them they can distribute their stickers over multiple activities or put all on one activity.
- Review the results, letting people know their feedback is useful for the training now and in the future.

### In just one word:

- Ask participants to stand in a circle.
- Ask them to describe how they are feeling about the day in just one word. Common words are: energized, interested, inspired, happy, curious.
- Go around the circle until everyone has shared a word.

## Annex 5: Legal Rights of Sex Workers

As you think about what to include in your session on rights, this content may be useful. The following information is from the *Police Sensitisation Training Manual: A Guide for South African Police Service (SAPS) Officers to the Rights of Sex Workers and the LGBTI Community*.<sup>54</sup>

Sex workers, like all people living in South Africa, are entitled to universal human rights and are granted numerous constitutional rights. The Constitution is the supreme law of South Africa. This means the rights that are granted by the Constitution must be respected and abided to by everyone, including government officials and police. People who break laws still retain their rights under the Constitution. Therefore, even though sex work is illegal in South Africa, a sex worker's constitutional and human rights should always be upheld.

### How does the Constitution support sex workers?

Sex workers are entitled to enjoy the constitutional rights listed in Chapter 2 of the Bill of Rights, which outlines the fundamental human rights that must be respected, protected, promoted, and fulfilled. Any law or action that conflicts with these rights and other rights in the Constitution is unlawful and invalid.

When engaging with sex workers, the following sections of the Bill of Rights should be particularly considered:

#### Section 9—Equality

*“Everyone is equal before the law and has the right to equal protection and benefit of the law.”*

The rights to equal protection under the law means that when sex workers experience violence or abuse, report a crime, or file a complaint, they are entitled to receive the same legal protection and treatment as any other person. It is unconstitutional to deny sex workers protection and assistance simply because they are sex workers.

*“The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.”*

The sex worker community in South Africa is very diverse. It includes men and women of all races, nationalities, and ages. When engaging with sex workers, it is unconstitutional to discriminate against sex workers based on any of these characteristics.

#### Section 10—Human Dignity

*“Everyone has inherent dignity and the right to have their dignity respected and protected.”*

As discussed above, some people hold negative opinions about sex workers. Regardless of these opinions and beliefs, officers responsible for upholding the law are obligated to respect a sex worker's dignity and take steps to protect it. The Constitution acknowledges and supports the dignity of all people, including sex workers.

## Section 12—Freedom and Security of the Person

*“Everyone has the right to freedom and security of the person which includes the right not to be deprived of freedom arbitrarily or without just cause; not to be detained without trial; to be free from all forms of violence from either public or private sources; not to be tortured in any way; and not to be treated or punished in a cruel, inhuman or degrading way.”*

It is unlawful to abuse or punish sex workers when engaging with them. If an arrest is being made, sex workers must not be treated cruelly.

## Section 14—Privacy

*“Everyone has the right to privacy, which includes the rights not to have their person or home searched; their property searched; their possessions seized; or the privacy of their communications infringed.”*

Sex workers are entitled to privacy and respect for their property. Sex workers have reported the seizure of their possessions, including condoms, by police and other officials. Condoms are an important means for sex workers to protect themselves against HIV and other STIs. Possession of condoms is not sufficient evidence that someone is engaging in sex work. It is unconstitutional to confiscate them or any other possessions of sex workers without due cause.

## Section 35—Arrested, Detained and Accused Persons

*“Everyone who is arrested for allegedly committing an offence has the right ...to be brought to court as soon as reasonably possible, but not later than 48 hours after the arrest; the right to be informed of the reason for their arrest and detention; and to be released from detention if the interest of justice permits.”*

### How are sex workers supported by regional and international treaties?

There are many regional and international legal instruments that highlight South Africa’s obligation to uphold the rights of all people, and its particular commitment to protect women from violence. The legal instruments guarantee that all people have the rights to be free from exploitation, to equality, dignity, health, and work under equitable and satisfactory circumstances.

### Laws that Criminalise Sex Work in South Africa

There are a number of South African laws that address sex work. Many of the laws are complicated to enforce, but police are required to do so. In addition to enforcing these laws, police and other law enforcement officials are also obligated to protect the constitutional and human rights of sex workers as discussed above.

It is important to have a strong understanding of the laws that pertain to sex work in order to effectively enforce them while also protecting the constitutional and human rights of sex workers. In particular, the conduct of an accused sex worker must qualify as an offense as defined by the law before a law enforcement officer has the authority to carry out an arrest. Notably, municipal by-laws should not be used to arrest sex workers if they have not committed the offense in question.

The relevant laws criminalizing sex work in South Africa include:

- The Sexual Offences Act 23 of 1957
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007
- Municipal by-laws
- Business Act

### When and how should a law enforcement officer interact with a sex worker?

Officers should adhere to the following guidelines with interacting with sex workers:

- A law enforcement officer should not arrest a sex worker without just cause.
- A law enforcement officer should not initiate contact with a sex worker who is not violating the law; being a “known” sex worker does not qualify as being engaged in a violation of the law.
- Law enforcement officers should treat sex workers and transgender people as they would any other citizen.
- Law enforcement officer should not insult sex workers or transgender persons, and should use words and actions that communicate respect.
- If a sex worker or transgender person is in custody, his or her HIV status should be kept confidential, including when a detainee tells an officer that he or she needs medication, for instance if the detainee is held over the weekend.
- Officers should take all necessary steps to use only the minimum force necessary to perform their duties. In all cases, police must refrain from taking any action that constitutes cruel, inhuman or degrading treatment of a person. The use of excessive force or police actions aimed at punishing detainees or people they interact with and causing them harm can amount to cruel, inhuman or degrading treatment or torture; such acts are illegal.
- Police must treat a sex worker politely when a sex worker comes to a police station and expresses the wish to lodge a complaint against law enforcement officers for wrongdoing; the sex worker’s complaint must be registered and processed as the complaint of any other person would be.



## Annex 6: Glossary

**Forensic specimens** help prove or exclude a physical connection between individuals and objects or places. They include: semen, hair, blood, DNA, skin, saliva, fibers, and drugs (for example, found in the blood).<sup>65</sup>

**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. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age, and sexual orientation.<sup>66</sup>

**Gender-based violence (GBV)** is defined as 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. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV is rooted in gender-related power differences, including social, economic, and political inequalities. It is characterized by the use and abuse of physical, emotional, or financial power and control. GBV takes on many forms and can occur across childhood, adolescence, reproductive years, and old age. It can affect women and girls, men and boys, and people with other gender identities. Women, girls, men who have sex with men, and trans persons are often at increased risk for GBV.<sup>67</sup>

**Gender expression** refers to the external display of one's gender through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.<sup>68, 69</sup> A person's gender expression may or may not be consistent with socially prescribed gender roles.<sup>70</sup>

**Gender identity** refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.<sup>68, 71</sup>

**Gender norms** refers to a set of rules and expectations created by society and culture that dictate how boys/men and girls/women should look and act in both public and private spaces.

**Health care workers** are individuals engaged in actions whose primary intent is to enhance health.<sup>72</sup> This group may include physicians, nurses, pharmacists, and those who do not deliver services directly but are essential to the functioning of health systems, such as receptionists, managers, and data entry clerks.

**Homophobia** refers to "an irrational fear of, aversion to, or discrimination against persons known or assumed to be homosexual, or against homosexual behavior or cultures."<sup>3</sup>

**Intersex** is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definition of female or male. Because of this, sex is not always either male or female. Sex may exist on a continuum.

**Intimate partner violence** is ongoing or past violence by an intimate partner or ex-partner.

**Law enforcement** refers to the organized and legitimate effort to produce or reproduce social order—evident in rules and norms—to enhance the safety and security of society.<sup>26</sup> Law enforcement agencies are generally government agencies that enforce laws, investigate crimes, and make arrests.

**Men who have sex with men** describes males who have sex with males, regardless of whether or not they also have sex with women or self-identify as gay or bisexual.<sup>73</sup>

**Nonbinary** refers to someone who identifies as neither male nor female.<sup>71</sup>

An **outreach worker** is someone who supervises peer outreach; may also be a peer.

A **peer educator** is a peer who does outreach and links people to testing.

A **peer navigator** is a peer who works with people who have been diagnosed with HIV to keep them in care.

**People who inject drugs** refers to people who inject psychotropic (or psychoactive) substances for nonmedical purposes.<sup>37</sup> These drugs include opioids, amphetamine-type stimulants, cocaine, hypnotics, and hallucinogens. Injection may be intravenous, intramuscular, subcutaneous, or other injectable routes.

**Sensitization**, in this document, means helping an individual or institution understand who KP members are and the issues that they face.

**Sex** is a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics (e.g., internal reproductive organs, external genitalia) used to classify an individual as female, male, or intersex.<sup>68, 70</sup>

**Sex workers** include consenting female, male, and trans adults—age 18 and older—who regularly or occasionally receive money or goods in exchange for sexual services.<sup>73</sup>

**Sexual orientation** is an enduring emotional, romantic, or sexual attraction to another person of a different sex or gender, the same sex or gender, or to more than one sex or gender.<sup>74</sup> It is not related to gender identity.<sup>71</sup>

**Stigma** is the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised.<sup>75</sup>

**Transgender** is an umbrella term referring to an individual whose gender identity is different from their sex assigned at birth.<sup>68</sup>

- **Trans woman:** Someone who was assigned male at birth and identifies as female.
- **Trans man:** Someone who was assigned female at birth and identifies as male.

**Transphobia** refers to “prejudice directed at trans people because of their actual or perceived gender identity or expression.”<sup>1</sup>

**Violence** is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results or has a high likelihood of resulting in injury, death, sexual or psychological harm, maldevelopment, or deprivation of liberty.<sup>76</sup>

# HANDOUTS

---

[Handout 1](#): Pre-Test/Post-Test

[Handout 2](#): Participant Agenda

[Handout 3](#): Fundamental Principles for Violence  
Prevention and Response Service  
Provision by Law Enforcement

[Handout 4](#): Sample Printed Referral Network

[Handout 5](#): Overview of Victim-Centered Support

[Handout 6](#): Sample Law Enforcement  
Documentation Form

[Handout 7](#): Training Evaluation

## Handout 1: Pre-Test/Post-Test

Date: \_\_\_\_\_

Please indicate how strongly you agree or disagree with the following statements.  
(Check the box that fits your answer).

Statement	Strongly agree	Agree	Disagree	Strongly disagree
1. Law enforcement officers can help stop the HIV epidemic.				
2. Sex workers bring violence upon themselves.				
3. Many women stay in abusive relationships because they like to be abused.				
4. Gay men bring violence upon themselves.				
5. To do my job well, all citizens must feel that they can come to me for support.				
6. Gay men are protected by the constitution and laws in my country.				
7. Sex workers are protected by the constitution and laws in my country.				
8. It is my duty to provide services to sex workers.				
9. It is my duty to provide services to people living with HIV.				
10. It is my duty to provide services to people who inject drugs.				
11. It is my duty to provide services to transgender people.				
12. It is wrong for law enforcement officers to demand money from sex workers.				
13. I worry that if I help gay men my friends or family will think less of me.				
14. It is OK for law enforcement officers to use violence against gay men.				
15. It is OK for law enforcement officers to confiscate condoms and lubricant from sex workers.				

## Handout 2: Participant Agenda

**Goal:** To encourage policing practices that promote justice and improve the HIV response, including for members of key populations (KPs), in order to respect human rights and ensure public safety.

### Training objectives:

- Recognize the HIV infection risks that law enforcement officers face and gain skills to limit their own and others risk of HIV transmission
- Explore the underlying causes of stigma, discrimination, and violence against key populations and the connection with HIV
- Develop strategies to collaborate with traditionally underserved communities to improve policing practices and outcomes
- Describe KP members' rights to protections and services according to the national constitution, local laws, international human rights treaties, and national guidelines or strategies governing the HIV response
- Strengthen their response to all victims of violence, including members of KPs

Module 1: Setting the Stage	Time
Welcome and Introductions	30 min
Pre-Test	10 min
Learning Objectives and Agenda	10 min
Group Norms	10 min
What Is Possible?	30 min
Module 2: Building Core Knowledge	Time
Basics of HIV: Epidemiology, Prevention, Available Services (OPTIONAL: Harm Reduction at Work)	60 min
Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation: Understanding Ourselves and Each Other	90 min
Understanding Violence against Key Populations (Characteristics, Perpetrator, Causes, Consequences)	60 min
Human Rights and Local Legal Context	60 min
Recognizing and Challenging Violence in Law Enforcement Officer/Key Population Interactions	45 min
Focus on Intimate Partner Violence	30 min
Panel Discussion with Key Population Members	60 min

<b>Module 3: Applying Principles and Building Skills</b>	<b>Time</b>
Fundamental Principles of Violence Prevention and Response	30 min
Needs of Key Population Members Who Experience Violence	30 min
Barriers to Disclosing Violence	30 min
Victim-Centered Support	60 min
Responding to and Documenting Cases of Violence	60 min
Trauma-Informed Approach to Law Enforcement (OPTIONAL)	45 min
<b>Module 4: Using What We Have Learned</b>	<b>Time</b>
Taking Care of Ourselves: Identifying and Confronting Secondary Stigma and Stress	60 min
Reflections on What We Have Learned and How to Integrate It into Our Work	60 min
Post-Test and Training Evaluation	15 min
Closing Ceremony and Final Words	15 min

## Handout 3: Fundamental Principles for Violence Prevention and Response Service Provision by Law Enforcement

### Principle 1: Do No Harm

Adherence to ethical codes of conduct is particularly relevant when working with victims of violence, including the duty or obligation to:

- Act in accordance with the wishes and choices of victims of violence
- Avoid harming KP members or causing further harm to individuals who have experienced violence
- Consider the safety of victims of violence
- Provide services without judgment and that respect the confidentiality of victims (including that they are members of a key population)
- Get informed consent from victims before providing services and/or making referrals

#### Do no harm to avoid revictimization

“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.”<sup>31</sup>

**Do no harm also means proactively avoiding harm.** While many actions to avoid harm will occur at the individual officer level, these actions should be reinforced through:

- Organizational policies to address violence and sexual harassment
- Codes of conduct
- Sensitization of staff and officers on issues of power and control, including in intimate partner relationships
- Ongoing training and support for officers (e.g., on supporting victims of violence and working with members of KPs)
- Safety planning for people who disclose violence

### Principle 2: Promote the Full Protection of Key Populations’ Human Rights

This means embracing the beliefs that people have a right to live free of violence and the right to information, respect, dignity, and the highest attainable standard of health. Specifically, these rights include nondiscrimination; security of person and privacy; recognition and equality before the law; due process of law; employment and fair conditions of employment; peaceful assembly and association; freedom from arbitrary arrest and detention, and from cruel and inhuman treatment; and protection from violence.

Interventions based on the notion of rescue and rehabilitation should be rejected. Empowering and supporting KP members to make their own choices and gain a sense of power and control over their lives is a central tenet of KP programs and programs that



support victims of violence. Raids and other interventions that claim to “rescue and rehabilitate” KP members deprive them of their agency (the choice, control, and power to act for themselves), are counterproductive, and increase the likelihood that they will experience violence. Reparative therapy, or therapy to change someone’s sexual orientation, has been shown to cause emotional and psychological trauma.

### **Principle 3: Respect Key Population Members’ Rights to Make Informed Choices (Self-Determination) and to Access the Full Range of Services Recommended for Victims of Violence (Provided Free of Stigma and Discrimination)**

KP members have the right to make informed choices about their lives, which may involve not reporting or seeking legal services for violence, not seeking health services, or deciding to stay in an abusive relationship. There is no “one-size-fits-all” way to deal with violence, and each person experiencing violence is best placed to decide what is right in their situation.

Thus, law enforcement officers should use a victim-centered approach to give power and control back to KP members and respect their rights, needs, and wishes while offering information about the range of available options to allow them to make informed decisions. It should always be the decision of KP members—not the law enforcement officer—to report violence and/or to pursue legal action against a perpetrator. A law enforcement officer’s role is to offer KP members information about their rights and available services so that victims of violence can weigh this information against the possible risks of retaliation by a perpetrator, further stigmatization and abuse, and/or loss of basic needs (e.g., shelter, food, financial support).

KP members have the right to access and receive services, including violence response services from law enforcement, without being subjected to stigma, discrimination, or violence.

#### **Mutually reinforcing principles: do no harm and self-determination**

Even well-intentioned efforts to support KP victims of violence can cause harm. For example, a law enforcement officer may believe that a victim can only effectively avoid future violence by taking a perpetrator to court. As a result, the officer provider may try to force the victim to confront his or her abuser in this way. This can cause the victim harm in several ways, particularly if the perpetrator is also providing for the victim economically or otherwise. Furthermore, if a victim does not feel comfortable taking an action that is strongly suggested by a law enforcement officer, the victim may avoid seeking help from law enforcement in the future, effectively limiting their support network. All those working with victims of violence should instead ensure that the victim fully understands the range of available options, including the consequences of electing or not electing to access each one, and then support the victim to access the option(s) that best meets their needs.

### **Principle 4: Ensure Privacy, Confidentiality, and Informed Consent**

Privacy and confidentiality are essential for KP members’ safety in any setting. Officers can put people’s safety at risk if they share sensitive information with partners, family members, or friends without the KP member’s consent. This includes sharing KP members’ information with other law enforcement officers within one’s own organization or within the referral network without the explicit consent from the KP member. A breach of confidentiality about pregnancy, violence, contraception, HIV status, sexual orientation, gender identity,

involvement in sex work, drug use, or a history of sexual abuse can put KP members at risk for additional violence.

To protect individuals' confidentiality and privacy, the following procedures should be put in place:

- Designate a private space where a conversation about violence can occur.
- When asking about violence and responding to disclosures, officers must speak with individuals alone (with the exception of children under 2 years old).
- Establish a privacy and confidentiality policy that specifies:
  - Who will be responsible for collecting and recording information
  - Where and how information will be collected and recorded
  - How information will be stored
  - Who will have access to the information, including what information will be shared within a facility or with third parties (such as providers within a referral network)
  - The need to obtain the victim's consent before sharing any information and the need to inform victims about the limits of confidentiality before a disclosure occurs (for example, in the case of mandatory reporting)
- Provide ongoing training for staff on protecting KP members' privacy and confidentiality, including obtaining informed consent and sharing information on options and rights.

## Handout 4: Sample Printed Referral Network

Use the following template to fill in details of the referral network for your geographic area. All organizations and individuals must be able to provide stigma-free services to key population members.

<b>HEALTH SERVICES</b> <i>(such as treatment of injuries, HIV testing, PEP, emergency contraception, STI screening and treatment, and mental health screening)</i>	<b>SOCIAL SERVICES</b> <i>(such as crisis counseling and support groups, financial aid, community-based organizations that may provide accompaniment)</i>	<b>JUSTICE/LEGAL SERVICES</b> <i>(such as legal information, assistance with arrest/detention, and contact information of trained law enforcement officers when they can be safely engaged)</i>
<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:
<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:
<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available:

## Handout 5: Overview of Victim-Centered Support

- I. Use Active Listening Skills
- II. Deliver Core Messages
- III. Ask about Safety
- IV. Ask about Additional Needs
- V. Provide Information and Make Referrals to Available Resources

### I. Use Active Listening Skills

**Attentive Listening:** The most important thing to do is be a good listener. Much of being a good listener is demonstrated through body language, being comfortable with silence, and not rushing the person.

- Lean forward
- Maintain good eye contact
- Nod your head to let the person know you hear them
- Be comfortable with silence and pauses

### II. Deliver Core Messages

#### 1. Deliver core messages that convey:

- You appreciate them sharing their experiences with you.
- It's safe for them to talk to you about their experience.
- You will support them and the choices they make.

For example:

- Thank you for sharing that with me.
- I am here to support you and explain your options.

#### 2. DO NOT (examples of what NOT to say appear in italics)

- Blame the victim
  - *“You put yourself at risk.”*
- Place doubt on the victim's story
  - *“What I don't understand is why he would have attacked you?”*
- Say anything that minimizes how the victim feels
  - *“Everyone has bad days. You'll get over it.”*
- Ever recommend they change professions, sexual orientation, or gender identity to avoid violence
  - *“You need to leave sex work. It's just a violent profession.”*
  - *“If you stopped being so open about being gay, you would be safer.”*

### III. Ask about Safety

Your questions can help assess current safety and identify opportunities to increase the victim's safety. If there is not a standard way to do this, you might ask, "I want to check with you about your safety. Do you have concerns about your safety?" If the victim has children, make sure to ask about their children as well.

If the victim does not feel safe, explain what law enforcement can provide to help protect them. This could include escorting the person to a safe location; helping the person retrieve important documents, medications, or other items safely from their home; filing a protection order; or connecting the person to a shelter or other services needed (see V).

### IV. Ask about Other Needs

Individuals who are experiencing violence may have a range of needs beyond those related to their safety including physical health, mental health, and other social services. Ask whether the person has other immediate needs that you can help them address, including through referral.

Remember that some health needs must be addressed immediately. Post-exposure prophylaxis (PEP), to prevent HIV acquisition, is only effective if initiated within 72 hours of a sexual assault. Emergency contraception is only effective if initiated within 120 hours of a sexual assault. If someone reports sexual assault, it is important to share information regarding time-bound health services so that they can make an informed decision.

### V. Provide Information and Make Referrals to Available Resources

Based on the safety and other needs identified, talk to the victim about the services available to them. Some victims will have needs beyond what you can provide, and the referral network will be an important part of addressing those needs. As part of providing information and making referrals:

- Offer printed information about rights and available services; provide caution about taking printed materials home if the victim lives with an abuser
- Know specific information about referral points and share this information when making the referral:
  - Name of focal point at referral sites
  - Hours of operation
  - Services available at the referral site
  - Location
- When referring someone to another organization, offer to call in advance and/or accompany the victim (or send someone with him or her) to referral site
- Do not pressure anyone to seek additional services
- Offer yourself as a resource in the future, even if the person does not wish to access any other services now

## Handout 6: Sample Law Enforcement Documentation Form

Officer I.D.: \_\_\_\_\_ Case File Number \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

I. VICTIM INFORMATION		
Full Legal Name: _____		
Chosen Name: _____		
Date of Birth (MM/DD/YYYY): _____		ID/Passport Number: _____
Address: _____		
Telephone: _____		E-mail: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (male to) female <input type="checkbox"/> Transgender (female to) male <input type="checkbox"/> Other		
Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Age (years): _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced/Separated		
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in the chart below.		
	Child's Age	Does child live with victim?
#1		<input type="checkbox"/> Yes <input type="checkbox"/> No
#2		<input type="checkbox"/> Yes <input type="checkbox"/> No
#3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#4		<input type="checkbox"/> Yes <input type="checkbox"/> No
#5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim's Highest Level of Education _____		
II. INCIDENT DESCRIPTION		
Type of Violence: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Economic <input type="checkbox"/> Other Human Rights Abuses, describe _____		
Incident Location: _____		
Incident Date (MM/DD/YYYY): _____		Time: _____
Please describe what happened: _____		
Is this the first time this person was/people were violent toward you? <input type="checkbox"/> Yes <input type="checkbox"/> No [ <i>If NO, answer the following question.</i> ]		
a. Did you report prior incidents of violence by the same person/people to law enforcement officers? <input type="checkbox"/> Yes, please specify date(s) (MM/DD/YYYY) _____ <input type="checkbox"/> No		
III. AGGRESSOR INFORMATION		
1. Do you know the aggressor(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* If NO, describe the aggressor in section #2 below.</i>		
<i>* If YES, answer the following questions.</i>		
a) Full Name(s) or Nick Name(s): _____		
b) ID/Passport Number(s): _____		
c) Address(es): _____		
d) Age(s): _____		
e) Telephone number(s): _____		

f) Gender(s):  Male  Female  Transgender (male to) female  
 Transgender (female to) male  Other

g) Are you related to or in a relationship with the aggressor(s)?

Yes, please specify relationship: \_\_\_\_\_  No

2. Can you describe the aggressor(s)? (*height, weight, skin color, hair color, eye color, tattoos, scars, or piercings*)

#### IV. ASSESSING SAFETY

I would like to check with you about your safety.

\* Do you have concerns about your safety? [If victim does not feel safe, ask the following questions.]

a) Is there anywhere that you feel safe?

b) Do you live in the same home as the aggressor?

c) Do you need a law enforcement officer escort to return to your home?

d) Do you need to file a restraining order?

Describe any safety plans:

[Depending on the results of the safety assessment, consider referrals to safe houses or other safe locations if available.]

After documenting the case, share information on legal rights and available services; make referrals and offer to arrange accompaniment (if available) to services if person desires. If person lives with the aggressor, taking printed materials might put person at risk. Caution about taking printed materials home.

## Handout 7: Training Evaluation

Date: \_\_\_\_\_

**1. The content of the training was interesting for me.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**2. The content of the training gave me all the information I needed to know.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**3. The training was well structured.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**4. The content of the training was useful for my professional career.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**5. The use of lectures and practical exercises was well balanced.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**6. The applied methods of teaching (e.g., small group work, lectures, role-plays, practical exercises, group discussion) worked well for me.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**7. What part of the training was most useful for you?**

**8. What part of the training was least useful for you?**



---

# EXERCISE CARDS

[Card 1:](#) What Is Behind High HIV Prevalence Rates for Some Populations?

[Card 2:](#) The Last Post-Exposure Prophylaxis

[Card 3:](#) Amanda's Story

[Card 4:](#) Short Dramas: What Went Wrong? What Would Make It Right?

[Card 5:](#) Thandi's Story

[Card 6:](#) Standing in Her Shoes

[Card 7:](#) Victim Roles for Victim-Centered Support and Documentation Practice

[Card 8:](#) Combatting Secondary Stigma

[Card 9:](#) Stress Reduction Activities

## **Exercise Card 1: What Is Behind High HIV Prevalence Rates for Some Populations?**

*Print one copy of this exercise card.*

1A. A person is accepted and supported by their family throughout childhood and adolescence.

1B. A person is rejected by family and forced to leave home during their teenage years.

2A. A person can safely seek help from the police if they are raped.

2B. A person cannot safely seek help from the police if they are raped.

3A. A person can leave home without fear of verbal harassment.

3B. A person feels afraid to leave home due to experiences of verbal harassment.



4A. A person feels comfortable talking about their sexual/drug use behaviors with a health care provider because they know the provider will listen nonjudgmentally.

4B. A person feels uncomfortable talking about their sexual/drug use behaviors with a health care provider because they fear the provider will respond negatively.

5A. A person has a home.

5B. A person does not  
have a home.

## Exercise Card 2: The Last Post-Exposure Prophylaxis

*Print enough so that each pair of participants can have one copy.*

If someone who is HIV negative may have been exposed to HIV—for example, through sexual assault—they can take post-exposure prophylaxis (PEP) to prevent HIV infection. To be effective, PEP must be initiated within 72 hours of the potential exposure. In some places, law enforcement officers help distribute PEP to victims of sexual assault.

Imagine that your station distributes PEP. Your supply is running low, and you only have enough for one person. You are the officer in charge this evening, and there are five people at your station who are all candidates for PEP. **Who do you give it to? Why do you choose this person?**

Work with a partner to choose one of the people below. One person should be prepared to share the pair's answer and explain how you made your decision.

- A. A female student, age 19. She is walking alone to an evening class when a stranger rapes her. He does not use a condom.
- B. A mother who stays at home to take care of her two children, age 32. Her husband—who is often physically abusive to his wife and who has several other sexual partners—comes home drunk, physically assaults her, and forces her to have sex without a condom.
- C. A transgender waitress, age 21. She is walking to work very early in the morning when a customer who is always rude to her stops her. He forces her into his car and rapes her without a condom.
- D. A female sex worker, age 22, with one young child. She works outside a hotel and accepts a client who has been drinking. Normally she would avoid clients who were drunk but her son's school fees are due the next day and she does not want him to be expelled. She walks with the client to his room and finds two other men there. All three men force her to have sex with them; no one pays her. No one uses a condom.
- E. A male apprentice at a local mechanic, age 20. He goes to a party at a gay bar. Someone puts a drug in his drink. When he wakes up, he finds out that two men had sex with him while he was unconscious. He learns that no one used a condom.

### Exercise Card 3: Amanda's Story

*Print enough so that each small group can have two copies.*

The following story was created using real histories taken from transgender women living in Latin America, the Caribbean, and Africa. Globally, transgender women have an HIV prevalence 49 times that of the general population. This story will help us understand why their burden of HIV is so high. It will also introduce us to five types of violence:

- Physical: punches, hits, kicks, use of a weapon
- Sexual: harassment, unwanted sexual contact, forced sex without a condom, rape
- Emotional/psychological: threats, humiliation, making someone feel afraid, isolating someone from family and friends
- Economic: theft, withholding money to care for basic needs of partner or children, blackmail
- Other human rights violations: state actors such as law enforcement officers or health care workers denying health or justice services; arbitrary detention

#### 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.

Emotional:

Sexual:

Physical:

Economic:

Other human rights violations:

Marcus was an intelligent and kind child. In primary school, Marcus got good grades and went to church with his parents at least twice each week. He wanted to study hard and become a doctor to help others. When Marcus was 10, he began to feel that he was different from the other boys his age. He felt strongly that he was truly a girl and felt uncomfortable when he wore the pants and shirts his parents bought for him. He wore his sister's skirts and shoes when no one was home. He also started to call himself Amanda in private. Marcus hid all this from his parents, but they still thought that he spoke and behaved too much like a girl. By the time he was 13 they were constantly telling him to "act like a man." Marcus tried to change his behavior and thinking. He wanted to be someone his parents could be proud of and hated that he was disappointing them. But he could not change.

His parents, who had never heard of the term transgender, believed that Marcus was gay. When Marcus was 14, the bullying at school got very bad. Several students threw objects at Marcus and taunted him for being gay. They stole from him. When Marcus went to the teacher, she told him that he was asking for the abuse due to his "unnatural behavior." The teacher contacted Marcus's parents and said that Marcus was immoral and a bad example to the other students. Marcus's parents were furious. They told Marcus that they would rather have a dead son than a gay son.

Marcus's parents kicked him out of the house. They stopped paying his school fees. None of Marcus's extended family would help him. They felt that providing him a place to stay or helping him attend school would be promoting homosexuality. Marcus had nowhere to go and began to have sex with an older man, Edward, so he could stay at Edward's house. Marcus missed his family but was relieved to finally be able to live as Amanda. At times, Amanda still felt it necessary to dress and act as Marcus—for example, when out in public during the day—but, whenever possible, she was true to herself.

When Amanda went out in public as her true self—wearing make-up and dresses—she tried to avoid interacting with anyone other than her closest friends. She was afraid she might be attacked. Public attacks of transgender women happen often where Amanda lives. Due to fear, Amanda avoided the peer educators from a local HIV clinic for several months. Then a friend told her they were safe to talk to. When Amanda did speak with them, they gave her condoms and lubricant. They said that anal sex without a condom could lead to HIV infection. Amanda had not been using condoms because she didn't realize that she was at risk. Amanda had only heard that vaginal sex could lead to HIV infection.

Once she knew more about HIV, Amanda was worried that she was at risk. She tried to talk to Edward about using a condom, but he screamed at her. He told her to know her place as the woman in the relationship and promised to kick her out of the house if she brought up condoms again. Amanda didn't know what to do. The peer educators told her about HIV testing at a local clinic. She wanted to know her status but was afraid to go. What if someone saw her and told Edward?

Edward's abuse intensified. He forced Amanda to give him the passwords to her phone and social media accounts. He asked where she was constantly, saying it was proof of how much he cared for her. When Amanda told her friends about Edward's behavior, they told her that it was just a sign of how much he loved her. One night, Edward told Amanda that if she ever

had sex with someone else he would murder her. She was terrified and could not sleep or eat. She threatened to go to the police and Edward laughed at her, saying that the police wouldn't care if someone like her lived or died.

Several months later, while Edward was out of town, Amanda finally got tested at a clinic in another town. Amanda's HIV test result was positive. She was worried about her diagnosis but was more worried that Edward would find out. She avoided going back to the clinic for two months. She didn't want Edward to wonder where she was. When he left town again, she returned to the clinic and enrolled in care. She brought home antiretroviral medicines (ARVs) and hid her medication. She missed several clinic visits for refills because Edward watched her movements. She wondered whether her life was worth living at all and thought about suicide.

Edward often went through Amanda's things, looking for proof that she was sleeping with another man. He eventually found her ART, beat her, and locked her out of the house. Amanda suffered a concussion and was now homeless—without her medication or any money.

Amanda tried to find work. She went to stores dressed in a masculine way and applied as Marcus. But potential employers told her that she did not have enough education because she had not completed secondary school. She began to do sex work and tried to save enough to rent a small room. One night she was waiting for a client when a police officer made her open her purse. He saw condoms and lubricant and took her to jail. Once there, he placed her in a cell with all men. It was a weekend, and she spent two days in jail. She was raped by the other inmates. She did not have access to her ARVs. She was released because there was no proof of a crime. She stopped carrying more than a few condoms at a time to avoid another arrest. She often ran out.

After two months of being homeless, Amanda was incredibly grateful to meet Daniel. Daniel invited her to stay at his home. One afternoon, Amanda was the only one there. Two men came by and asked to see Daniel. Amanda let them in to wait. The men raped Amanda at knife point. Amanda told Daniel what happened. Daniel said that he knew the men. They had paid Daniel to have sex with Amanda. Daniel told Amanda that if she was going to continue to stay in the house, she had to help pay the bills by having sex with people who paid Daniel.

Amanda had nowhere to go and was afraid of being homeless again. She was terrified of the police after her experience being held in jail. More men came and forced her to have sex, often violently. Amanda asked the men to use condoms. Most of them refused to. Amanda contracted STIs several times. She sought treatment at the same clinic where she received her ARVs because she liked the nurses there. After her third treatment for gonorrhea in a two-month period, one of the nurses told Amanda that she was being irresponsible by having sex without condoms. The nurse told Amanda that she could be passing HIV to others and should be ashamed of herself. Amanda felt terrible. She believed that she was letting down one of the few people who had been kind to her. She stopped going to the clinic and stopped taking her ARVs.



## Exercise Card 4: Short Dramas: What Went Wrong? What Would Make It Right?

*Print enough copies so that each small group will have one of the scenarios below.*

### **Case study 1—Beatrice**

Beatrice, an 18-year-old transgender woman, works at a market near a secondary school. Each day, students on their way to school pass her as she arrives to work. They taunt her and call out threats. One day, they throw stones and bottles at her, injuring her face and causing her to need several stitches. Beatrice goes to make a police report to try to stop the abuse. When she arrives at the station, the officers make fun of Beatrice and refuse to write down any of the details of her case. They force her to remove a wig that she often wears and tell her that she isn't fooling anyone. They tell her that she should stop causing problems for herself. Beatrice continues to be harassed and has to quit her job at the grocery store. She is unable to find work elsewhere and loses her home.

### **Case study 2—Peter**

Peter, a 28-year-old man, has a boyfriend named David. David is often emotionally abusive toward Peter and tells him that no one else will ever love him and that the world would be better off if Peter were dead. Peter tries to break up with David. David tells Peter that if he leaves, he will kill Peter. One morning Peter wakes up to find David holding a knife over him. Afraid of what will happen, Peter goes to the police station and says that he has been threatened. The police ask about who made the threat and when they learn that it was Peter's boyfriend, they tell David that it's just a personal matter and that he should be able to stand up for himself since they are both men. Peter tries to leave David without the help of the police and David kills him.

### **Case study 3—Martina**

Martina, a 22-year-old female sex worker, sells sex on the beach in a tourist area to support her younger siblings, who are both in school. Their parents died several years ago. A law enforcement officer sees Martina there and threatens to arrest her for selling sex unless she pays him a bribe. When she says she will not pay him, he arrests her and rapes her. He then takes her back to the police station and says she was harassing tourists. Martina becomes pregnant from the rape. She cannot support a baby and her siblings. Both of her siblings must leave school, and her younger sister also begins to sell sex.

### **Case study 4—Roger**

Roger, a 39-year-old man who injects drugs, travels to a methadone clinic regularly for treatment. One day he is on his way to the methadone clinic when a woman accuses him of stealing her purse. He has done nothing wrong, but a crowd gathers and beats him badly. They leave him in the street with a broken arm and several broken ribs. A law enforcement officer comes to the scene. Roger explains what happened and the officer tells him that the police don't help "indecent people" like drug users. Roger clearly needs medical help and asks if the officer could at least take him to a hospital. The officer refuses. Roger does not get treatment and his injuries do not heal correctly. Over time, due to continued pain, Roger stops going to the methadone treatment center and begins using more and more powerful drugs.

### **Case study 5—Elizabeth**

Elizabeth, a 26-year-old transgender woman, is physically attacked by her ex-boyfriend. She goes to the police to make a report. She is wearing a dress and high heel shoes. At the front desk, they ask for her ID card. She seems embarrassed to give it to them. The person at the front desk sees that her ID says she is male and that her name is Alexander. The front desk person asks her what name and what pronoun the officers should use. She tells them to call her Elizabeth and to refer to her as a woman (to use the pronoun “she” when they are talking about her). All the officers who help her are respectful and call her Elizabeth. The two officers on duty take her to a private room and listen to her story patiently. At the end, they tell her that she was brave for coming to the station. They explain her options. When they are talking about her to one another, they use female pronouns. For example, one officer says to the other, “it’s good that she was able to come in so quickly.” Elizabeth feels so comfortable with the officers that she also discloses that her ex-boyfriend bragged to her about committing several other crimes, including raping a young girl. The officers are able to use Elizabeth’s testimony to solve another case for which they had no leads.

### **Case study 6—Suzanne**

Suzanne, a 26-year-old female sex worker, meets a regular client at the bar where she works. She goes with him to a hotel. She gets out condoms, as she always does. He tells her that he is tired of using condoms and that she should trust him. Suzanne reminds him that she always uses condoms, but he becomes angry and pulls out a knife. Suzanne is afraid of what he may do. She has two small children at home and does not want to risk being injured or killed. She has sex with him without a condom. Immediately afterward, she goes to the police and says she needs post-exposure prophylaxis (PEP) because she was forced to have unprotected sex. The police officer tells her that she must be able to show evidence, such as bruises, that she was physically forced to have sex without a condom. Otherwise, he has no reason to believe that it was forced. He tells her, “You sex workers always pretend that it’s someone else’s fault that you did not use condoms. I’m tired of you being irresponsible.” She is unable to access PEP and the next time she tests for HIV she is positive.

## Exercise Card 5: Thandi's Story

*Print one copy for the facilitator only.*

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.

1. A few weeks into their marriage, John tells Thandi that he thinks it would be better if she dressed a little more conservatively. He sees her going out in the same short skirts she wore when they met. She doesn't need to find a husband anymore, so there is no need to keep wearing them. Thandi says OK as the request doesn't sound unreasonable and she knows John says it out of love. A little of Thandi's autonomy is gone.
2. A few more weeks pass and John asks Thandi to stop wearing so much make-up. He worries that people will "get the wrong idea about her" because she looks a little "cheap." He says he isn't trying to be mean; he is just looking out for her. Thandi is embarrassed and changes her look. Another piece of her self-esteem and autonomy are cut away.
3. A month passes and John asks Thandi to stop staying out after work to spend time with her friends. He wants to see more of her at home – "Doesn't she want to spend time with him? Isn't that why they got married?" Thandi's world becomes a little smaller as her social network shrinks, and she loses a bit more autonomy.
4. A few more months pass and Thandi and John decide to have a baby. They are thrilled when the baby is born. Thandi tells John that she has found a good nanny to care for the baby once she goes back to work. John says, "I can't imagine a woman leaving her baby to others to care for! Aren't you going to stay home and be a good mother? Why would you go back to work?" Thandi apologizes for neglecting her duties as a mother. Her autonomy, social network, and self-esteem are diminished.
5. Thandi is at home with the baby and has her sister and sister's kids over often. She enjoys spending time with them and they have fun taking the baby to park. When John finds out, he tells Thandi that he doesn't like her spending so much time with her sister. Her kids are not well-behaved, and he thinks they are bad examples for the baby. Thandi tells her sister about John's fears and Thandi's sister, offended, stops visiting. Thandi's social network and autonomy are further reduced.
6. Thandi often talks to her mother. Thandi gets ideas on food or toys that the baby might enjoy. When Thandi shares a recommendation that her mother made, John yells that he doesn't need some other person telling him how to parent. He asks Thandi not to speak

to her mother as all her mother does is try to undermine John's authority in his own home. Her mother continues to call but Thandi stops answering. Her autonomy and social support are further cut.

7. Thandi and the baby are home alone all day and Thandi is often eager to share news of the baby when John comes home. John tells Thandi that she can't expect this type of conversation to be interesting to him and that he is going to spend more evenings with his friends who are still interesting. Thandi's self-esteem is further reduced.
8. One day Thandi doesn't have dinner ready when John arrives from work. He asks her how she spends her time and why she has become so "worthless." "Can't you watch a child and care for a home?" His mother had five kids and never failed to meet her duties as a mother. Thandi apologizes and assures him it won't happen again. Her self-esteem is further reduced.
9. A week later the baby is sick and Thandi spends the afternoon at the pediatrician. She arrives back to the house just when John gets home from work. He questions where she was. When she tells him, he calls her a liar and asks who she was really seeing. She is cut down still further.
10. The next day the baby is still sick but Thandi stays home and takes care of him, afraid to take him back to the doctor in case John will become more jealous. Dinner is not ready when John arrives, and he slaps her when she explains what happened. He then apologizes and asks her not to "make him so mad" again in the future.

## Exercise Card 6: Standing in Her Shoes

*Print one copy and cut into nine separate pieces on the lines provided.*

.....cut.....

**Stand at the beginning of the line. Walk up to each person in the line and say:**

“I am a sex worker. I was raped by a client last night. He lives in my neighborhood, and I am afraid.”

.....cut.....

**Say:** “I am your sister. You chose this life. It’s partly your fault.”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your brother. You bring shame to our family. You deserve what happened to you.”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am a law enforcement officer. What you are doing is illegal. Your client paid for a service. It’s his right. You are lucky I don’t arrest you.”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your neighbor. He is always so nice to everyone in the neighborhood. It’s hard to believe he would do that. Plus, it’s your job, isn’t it?”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your friend. You should not cause trouble. You are a sex worker and no one will believe you.”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your religious leader. Your lifestyle is a sin. You should not complain. You live a shameful life, and you deserve what happened to you.”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your mother. What did you do to provoke him?”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

**Say:** “I am your health care provider. If you put yourself in risky situations, what do you expect will happen to you?”

**Act:** Turn your back to the victim after you read the statement.

.....cut.....

## Exercise Card 7: Victim Roles for Victim-Centered Support and Documentation Practice

*Print as many copies as there are groups of three participants. Cut each copy along the dotted lines so that each group receives all three sections.*

.....cut.....

### **Victim 1—Julia**

You are a 20-year-old female sex worker. Last night a client refused to wear a condom. When you told him that you would not have sex without a condom, he hit you several times and then raped you. You are depressed and scared and don't think that anyone will believe you, but you have come to the police station because your friend told you that they were able to help her.

.....cut.....

### **Victim 2—Nicole**

You are a 22-year-old transgender woman. Someone in your neighborhood keeps leaving threatening messages on your front door and today while you were making breakfast someone threw a rock through the window. You are afraid that they will come into the house and harm you.

.....cut.....

### **Victim 3—James**

You are a 33-year-old gay man. Gangs on the street have chased and beaten you and your friends late at night after leaving places where gay men are known to meet. Today, the same gang of men chased you and threw pieces of wood and glass at you right outside your work place. You are afraid because they could get you fired. You went to the police station, and the officer said he could not help you because you brought the violence on yourself. You have now gone to another police station to report both the crime and the first officer's response.

.....cut.....



## Exercise Card 8: Combatting Secondary Stigma

*Print one copy for the facilitator's use.*

**Scenario 1:** You are at the front desk of the police station. A young man comes into the station. He reports that his partner, another man, beat him last night. You take his information, file a report, and give him the contact information of an organization that can provide him with further help. When the young man leaves, another officer asks why you would help someone who deserved to be beaten.

**Scenario 2:** You are walking down one of the streets you patrol. You see an openly gay man in front of the shop he owns. You know he has had problems with vandalism in the past and ask him if everything is now going OK. He nods. Later on, a picture of you talking to the man is posted on Facebook with a post that claims you're gay.

**Scenario 3:** You are with other officers in the park when you see a man harassing a woman that you know to be a sex worker. She is sitting quietly on a bench, and he begins to scream obscenities at her from across the park. You walk over to the man and remind him there are rules for public disturbance and that he is breaking the law. Another law enforcement officer asks you why you are defending such an immoral woman. She deserves what she gets.

**Scenario 4:** You are in the police station when you hear a fellow officer refer to a gay man using derogatory language. She says, "I don't know why we should help them. They are going against our culture and should be punished." You tell her that it is your job to protect everyone's rights under the constitution. Another officer says, "You used to be one of us, but now you're on the side of the gays."

**Scenario 5:** You are out on patrol with another officer. You both see a trans woman who you both know to be a sex worker. He tells you that he's going to make her have sex with him for free if she wants to avoid arrest. You tell him that is against the law. He laughs at you and says he didn't know he worked with someone who was so sentimental. What do you do?

**Scenario 6:** There is a needle exchange center where people who inject drugs can pick up clean injecting equipment. Your boss tells you to go there and arrest anyone carrying syringes in order to meet your quota for the month. You know this is going to keep people from getting clean injecting equipment and ask her to reconsider. She starts calling you a drug addict in front of all the other officers.

## Exercise Card 9: Stress Reduction Activities

Print one copy.

**Say:** Sit with your feet flat on the floor. Put your hands in your lap. After you learn how to do the exercises, do them with your eyes closed. These exercises will help you to feel calm and relaxed. You can do them whenever you are stressed, anxious, or cannot sleep.

### 1. Slow breathing technique

- First, relax your body. Shake your arms and legs and let them go loose. Roll your shoulders back and move your head from side to side.
- Put your hands on your belly. Think about your breath.
- Slowly breathe out all the air through your mouth, and feel your belly flatten. Now breathe in slowly and deeply through your nose, and feel your belly fill up like a balloon.
- Breathe deeply and slowly. You can count 1–2–3 on each breath in and 1–2–3 on each breath out.
- Keep breathing like this for about two minutes. As you breathe, feel the tension leave your body.

### 2. Progressive muscle relaxation technique

- In this exercise you tighten and then relax muscles in your body. Begin with your toes.
- Curl your toes and hold the muscles tightly. This may hurt a little. Breathe deeply and count to three while holding your toe muscles tight. Then, relax your toes and let out your breath. Breathe normally and feel the relaxation in your toes.
- Do the same for each of these parts of your body in turn.
- Each time, breathe deeply in as you tighten the muscles, count to three, and then relax and breathe out slowly.
  - Hold your leg and thigh muscles tight...
  - Hold your belly tight...
  - Make fists with your hands...
  - Bend your arms at the elbows and hold your arms tight...
  - Squeeze your shoulder blades together...
  - Shrug your shoulders as high as you can...
  - Tighten all the muscles in your face....
- Now, drop your chin slowly toward your chest. As you breathe in, slowly and carefully move your head in a circle to the right, and then breathe out as you bring your head around to the left and back toward your chest. Do this three times. Now, go the other way...inhale to the left and back, exhale to the right and down. Do this three times.
- Now bring your head up to the center. Notice how calm you feel.

## REFERENCES

1. United Nations Development Programme, IRGT: A Global Network of Trans Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, et al. Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions (the "TRANSIT"). New York: United Nations Development Programme, 2016.
2. United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, et al. Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions (the "IDUIT"). Vienna: United Nations Office on Drugs and Crime, 2017.
3. United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank. Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions (the "MSMIT"). New York: United Nations Population Fund, 2015.
4. World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions (the "SWIT"). Geneva: World Health Organization, 2013.
5. Beattie TS, Bhattacharjee P, Ramesh BM, Gurnani V, Anthony J, Isac S, et al. Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program. *BMC Public Health*. 2010;10:476.
6. Decker MR, Crago AL, Chu SK, Sherman SG, Seshu MS, Buthelezi K, et al. Human rights violations against sex workers: burden and effect on HIV. *Lancet*. 2015;385(9963):186-99.
7. Decker MR, Lyons C, Billong SC, Njindam IM, Grosso A, Nunez GT, et al. Gender-based violence against female sex workers in Cameroon: prevalence and associations with sexual HIV risk and access to health services and justice. *Sex Transm Infect*. 2016;92(8):599-604.
8. Decker MR, Wirtz AL, Pretorius C, Sherman SG, Sweat MD, Baral SD, et al. Estimating the impact of reducing violence against female sex workers on HIV epidemics in Kenya and Ukraine: a policy modeling exercise. *Am J Reprod Immunol*. 2013;69 (Suppl 1):122-32.
9. Dunkle KL, Decker MR. Gender-based violence and HIV: reviewing the evidence for links and causal pathways in the general population and high-risk groups. *Am J Reprod Immunol*. 2013;69 (Suppl 1):20-6.
10. Guadamuz TE, Wimonasate W, Varangrat A, Phanuphak P, Jommaroeng R, Mock PA, et al. Correlates of forced sex among populations of men who have sex with men in Thailand. *Arch Sex Behav*. 2011;40(2):259-66.
11. Lunze K, Raj A, Cheng DM, Quinn EK, Lunze FI, Liebschutz JM, et al. Sexual violence from police and HIV risk behaviours among HIV-positive women who inject drugs in St. Petersburg, Russia—a mixed methods study. *J Int AIDS Soc*. 2016;19(4 Suppl 3):20877.

12. Wheeler J, Anfinson K, Valvert D, Lungo S. Is violence associated with increased risk behavior among MSM? Evidence from a population-based survey conducted across nine cities in Central America. *Glob Health Action*. 2014;7(1):24814.
13. Schafer KR, Brant J, Gupta S, Thorpe J, Winstead-Derlega C, Pinkerton R, et al. Intimate partner violence: a predictor of worse HIV outcomes and engagement in care. *AIDS Patient Care STDS*. 2012;26(6):356-65.
14. Machtinger EL, Haberer JE, Wilson TC, Weiss DS. Recent trauma is associated with antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders. *AIDS Behav*. 2012;16(8):2160-70.
15. Mendoza C, Barrington C, Donastorg Y, Perez M, Fleming PJ, Decker MR, et al. Violence from a sexual partner is significantly associated with poor HIV care and treatment outcomes among female sex workers in the Dominican Republic. *J Acquir Immune Defic Syndr*. 2017;74(3):273-8.
16. Zulliger R, Barrington C, Donastorg Y, Perez M, Kerrigan D. High drop-off along the HIV care continuum and ART interruption among female sex workers in the Dominican Republic. *J Acquir Immune Defic Syndr*. 2015;69(2):216-22.
17. Bhattacharjee P, Isac S, McClarty LM, Mohan HL, Maddur S, Jagannath SB, et al. Strategies for reducing police arrest in the context of an HIV prevention programme for female sex workers: evidence from structural interventions in Karnataka, South India. *J Int AIDS Soc*. 2016;19(4 Suppl 3):20856.
18. Bhattacharjee P, McClarty LM, Musyoki H, Anthony J, Kioko J, Kaosa S, et al. Monitoring HIV prevention programme outcomes among key populations in Kenya: findings from a national survey. *PLoS One*. 2015;10(8):e0137007.
19. Kutsa O, Marcus R, Bojko MJ, Zelenev A, Mazhnaya A, Dvoriak S, et al. Factors associated with physical and sexual violence by police among people who inject drugs in Ukraine: implications for retention on opioid agonist therapy. *J Int AIDS Soc*. 2016;19(4 Suppl 3):20897.
20. Hayashi K, Ti L, Csete J, Kaplan K, Suwannawong P, Wood E, et al. Reports of police beating and associated harms among people who inject drugs in Bangkok, Thailand: a serial cross-sectional study. *BMC Public Health*. 2013;13:733.
21. Footer KH, Silberzahn BE, Tormohlen KN, Sherman SG. Policing practices as a structural determinant for HIV among sex workers: a systematic review of empirical findings. *J Int AIDS Soc*. 2016;19(4 Suppl 3):20883.
22. Crofts N, Patterson D. Police must join the fast track to end AIDS by 2030. *J Int AIDS Soc*. 2016;19(4 Suppl 3):21153.
23. Tenni B, Carpenter J, Thomson N. Arresting HIV: fostering partnerships between sex workers and police to reduce HIV risk and promote professionalization within policing institutions: a realist review. *PLoS One*. 2015;10(10):e0134900.
24. Decker MR, Wirtz AL, Baral SD, Peryshkina A, Mogilnyi V, Weber RA, et al. Injection drug use, sexual risk, violence and STI/HIV among Moscow female sex workers. *Sex Transm Infect*. 2012;88(4):278-83.
25. Beattie TS, Bhattacharjee P, Isac S, Mohan HL, Simic-Lawson M, Ramesh BM, et al. Declines in violence and police arrest among female sex workers in Karnataka state, south India, following a comprehensive HIV prevention programme. *J Int AIDS Soc*. 2015;18:20079.

26. van Dijk AJ, Herrington V, Crofts N, Breunig R, Burris S, Sullivan H, et al. Law enforcement and public health: recognition and enhancement of joined-up solutions. *Lancet*. 2019;393(10168):287-94.
27. Bhattacharjee P, Morales GJ, Kilonzo TM, Dayton RL, Musundi RT, Mbole JM, et al. Can a national government implement a violence prevention and response strategy for key populations in a criminalized setting? A case study from Kenya. *J Int AIDS Soc*. 2018;21 (Suppl 5):e25122.
28. Sidibe M. Changing police as barrier to police as solution. *J Int AIDS Soc*. 2016;19(4 (Suppl 3)):21196.
29. Joint United Nations Programme on HIV/AIDS. Guidance note: key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: Joint United Nations Programme on HIV/AIDS, 2012.
30. Global Fund. Human rights for HIV, TB, malaria and HSS grants: information note. Geneva: Global Fund, 2014.
31. United States Department of State. Security and human rights [Internet]. Washington: U.S. Department of State; 2018. Available from: <https://www.state.gov/key-topics-bureau-of-democracy-human-rights-and-labor/human-rights>.
32. United States Department of State. Leahy fact sheet [Internet]. Washington: U.S. Department of State; 2018. Available from: <https://www.state.gov/leahy-fact-sheet>.
33. Dayton R, Morales GJ, Dixon KS. LINKAGES: a guide to comprehensive violence prevention and response in key population programs. Durham (NC): FHI 360, 2019.
34. Boender C, Santana D, Santillán D, Hardee K, Greene ME, Schuler S. The 'so what?' report: a look at whether integrating a gender focus into programs makes a difference to outcomes. Washington: Interagency Gender Working Group Task Force, Population Reference Bureau, 2004.
35. Barker GT, Ricardo C, Nascimento M. Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions. Geneva: World Health Organization, 2007.
36. Rottach E, Schuler SR, Hardee K. Gender perspectives improve reproductive health outcomes: new evidence. Washington: Interagency Gender Working Group, Population Reference Bureau, 2009.
37. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations—2016 update. Geneva: World Health Organization, 2016.
38. Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES). LINKAGES gender strategy. Durham (NC): FHI 360, 2017.
39. Open Society Foundations. To protect and serve: how police, sex workers, and people who use drugs are joining forces to improve health and human rights. New York: Open Society Foundations, 2014.
40. Riley D, Thomson N, Monaghan G, Jardine M. Training manual for law enforcement officials on HIV service provision for people who inject drugs. Vienna: United Nations Office on Drugs and Crime, 2014.
41. World Health Organization. A conceptual framework for action on the social determinants of health: social determinants of health discussion paper 2. Geneva: World Health Organization, 2010.
42. Yadegarfar M, Meinhold-Bergmann ME, Ho R. Family rejection, social isolation, and loneliness as predictors of negative health outcomes (depression, suicidal ideation, and

- sexual risk behavior) among Thai male-to-female transgender adolescents. *J LGBT Youth*. 2014;11(4):347-63.
43. Oldenburg CE, Perez-Brumer AG, Reisner SL, Mayer KH, Mimiaga MJ, Hatzenbuehler ML, et al. Human rights protections and HIV prevalence among MSM who sell sex: cross-country comparisons from a systematic review and meta-analysis. *Glob Public Health*. 2018;13(4):414-25.
  44. Balaji AB, Bowles KE, Hess KL, Smith JC, Paz-Bailey G. Association between enacted stigma and HIV-related risk behavior among MSM, National HIV Behavioral Surveillance System, 2011. *AIDS Behav*. 2017;21(1):227-37.
  45. Golub SA, Gamarel KE. The impact of anticipated HIV stigma on delays in HIV testing behaviors: findings from a community-based sample of men who have sex with men and transgender women in New York City. *AIDS Patient Care STDS*. 2013;27(11):621-7.
  46. Sypsa V, Paraskevis D, Malliori M, Nikolopoulos GK, Panopoulos A, Kantzanou M, et al. Homelessness and other risk factors for HIV infection in the current outbreak among injection drug users in Athens, Greece. *Am J Public Health*. 2015;105(1):196-204.
  47. Skyers N, Jarrett S, McFarland W, Cole D, Atkinson U. HIV risk and gender in Jamaica's homeless population. *AIDS Behav*. 2018;22(Suppl 1):65-9.
  48. Marshall BD, Shannon K, Kerr T, Zhang R, Wood E. Survival sex work and increased HIV risk among sexual minority street-involved youth. *J Acquir Immune Defic Syndr*. 2010;53(5):661-4.
  49. Duff P, Deering K, Gibson K, Tyndall M, Shannon K. Homelessness among a cohort of women in street-based sex work: the need for safer environment interventions. *BMC Public Health*. 2011;11:643.
  50. Blackless M, Charuvastra A, Derryck A, Fausto-Sterling A, Lauzanne K, Lee E. How sexually dimorphic are we? Review and synthesis. *Am J Hum Biol*. 2000;12(2):151-66.
  51. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics*. 2016;137(3):e20153223.
  52. Camargo S, Marlin R. Sex workers' rights are human rights: a training manual. New York: Leitner Center for International Law and Justice and Kenyan Sex Workers Alliance, 2013.
  53. Restoy E, Ram M, Coombes J, Sigrist M. REAct user guide. Hove (England): International HIV/AIDS Alliance, 2015.
  54. Manoek S, Mbwana J, Ludwig S, Kheswa S, Brown B, van der Merwe L. Trainers' guide to the police sensitisation training manual: how to facilitate trainings for South African Police Service (SAPS) officers about the rights of sex workers and the LGBTI community. Cape Town (South Africa): Women's Legal Centre, 2014.
  55. Lerner MJ, Simmons CH. Observer's reaction to the "innocent victim": compassion or rejection? *J Pers Soc Psychol*. 1966;4(2):203-10.
  56. International Association of Chiefs of Police. Sexual assault incident reports: investigative strategies. Alexandria, VA: International Association of Chiefs of Police, 2005.
  57. World Health Organization. Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva: World Health Organization, 2014.
  58. LINKAGES. Key population program implementation guide. Durham (NC): FHI 360, 2017.
  59. LINKAGES. Health4All: Health workers training guide for the provision of quality, stigma-free HIV services for key populations. Durham (NC): FHI 360, 2018.
  60. Dayton R, Morales GJ, Dixon KS. LINKAGES health care worker training: preventing and responding to violence against key populations. Durham (NC): FHI 360, 2019.

61. Dayton R, Morales GJ, Dixon KS. LINKAGES peer educator and outreach worker training: preventing and responding to violence against key populations. Durham (NC): FHI 360, 2019.
62. LINKAGES. LINKAGES enhanced peer outreach approach (EPOA): implementation guide. Durham (NC): FHI 360, 2017.
63. LINKAGES. Peer navigation for key populations: implementation guide. Durham (NC): FHI 360, 2017.
64. International HIV/AIDS Alliance, LINKAGES. Safety and security toolkit: strengthening the implementation of HIV programs for and with key populations. Durham (NC): FHI 360, 2018.
65. World Health Organization, United Nations Office on Drugs and Crime. Strengthening the medico-legal response to sexual violence. Geneva: World Health Organization, 2015.
66. Interagency Gender Working Group. Handout: defining gender and related terms [Internet]. Washington: Interagency Gender Working Group; 2017. Available from: <https://www.igwg.org/wp-content/uploads/2017/05/DefinGenderRelatedTerms.pdf>.
67. United States President's Emergency Plan for AIDS Relief. PEPFAR 2018 country operational plan guidance for standard process countries. Washington: Office of the United States Global AIDS Coordinator, 2018.
68. Health Policy Project, United States Agency for International Development, United States President's Emergency Plan for AIDS Relief, United States Centers for Disease Control and Prevention. Gender & sexual diversity training: a facilitator's guide for public health and HIV programs. Washington: USAID's Health Policy Project, 2015.
69. Chamberlain L. A prevention primer for domestic violence: terminology, tools, and the public health approach. Harrisburg (PA): VAWnet, National Online Resource Center on Violence Against Women, 2008.
70. American Psychological Association. Guidelines for psychological practice with lesbian, gay, and bisexual clients. *Am Psychol.* 2012;67(1):10-42.
71. Center of Excellence for Transgender Health. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. 2nd ed. San Francisco: Center of Excellence for Transgender Health, 2016.
72. World Health Organization. Health workers: a global profile. *The world health report 2006 – working together for health.* Geneva: World Health Organization, 2006.
73. Joint United Nations Programme on HIV/AIDS. UNAIDS terminology guidelines. Geneva: Joint United Nations Programme on HIV/AIDS, 2015.
74. Sundararaj M, Zahn R, Mason K, Baral S, Ayala G. Promoting the health of men who have sex with men worldwide: a training curriculum for providers. Oakland (CA): Global Forum on MSM & HIV, 2014.
75. Link BG, Phelan JC. Conceptualizing stigma. *Annu Rev Sociol.* 2001;27(1):363-85.
76. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. *World report on violence and health.* Geneva: World Health Organization, 2002.

