

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



Module 1

Setting the Stage





Session 1.1

Welcome and Introductions

Objective

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

Introductions

- Name
- Title
- District/area you work
- One reason you are proud to be a law enforcement officer



Session 1.2

Pre-Test

Objective

Determine baseline knowledge and attitudes

Pre-Test

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



Session 1.3

Learning Objectives and Agenda

Objective

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

Training goal

To 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.

Key populations are

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

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

Agenda review

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



Session 1.4

Group Norms

Objective

Develop and agree upon norms to guide the training



Session 1.5

What Is Possible?

Objective

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

Working with law enforcement globally

- UNAIDS identified sensitizing law enforcement as a key component of the HIV response in 2012.
- The Global Fund did the same in 2014.
- Trainings to support law enforcement officers as they interact with key populations have been conducted all over the world:
 - Ghana, South Africa, Malawi, Tanzania, Kenya, Kingdom of Eswatini
 - Thailand, India, Nepal
 - Dominican Republic, Jamaica, Haiti

Combining forces

Law enforcement and public health officials working together can more effectively achieve a common goal: the safety and security of the population.



“The line between public health and law enforcement needs to be redrawn in a way that is conducive to both security and health.”

Series: Security and public health

THE LANCET

The best science for better lives

Source: van Dijk et al., 2019.

A model for law enforcement and sex worker collaboration in Kenya



<http://www.msnbc.com/msnbc/how-police-can-help-prevent-hiv>

Standing on the shoulders of giants

- Describe preparatory work that happened before this training so that the training could take place
- This is an opportunity to show the participants how much high level buy-in already exists for this effort

Discussion: Expectations

What do you want to get out of the training?

Module 2

Building Core Knowledge



USAID
FROM THE AMERICAN PEOPLE



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

fhi360
THE SCIENCE OF IMPROVING LIVES



Session 2.1

Basics of HIV: Epidemiology, Prevention, Available Services

Objectives

- Review the HIV 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

Discussion: What have you heard about HIV and AIDS? (Part 1)

What are some statements you have heard about HIV and AIDS?

HIV vs. AIDS

What is HIV?

- Human Immunodeficiency Virus

What is AIDS?

- Acquired Immunodeficiency Syndrome

What is the difference between HIV and AIDS?

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

HIV transmission (continued)

HIV is ***not*** spread by:

- Air or water
- Mosquitoes, ticks, or other insects
- Saliva, tears, or sweat
- Shaking hands, hugging, sharing toilets, sharing dishes/drinking glasses, or closed-mouth or “social” kissing
- Drinking fountains
- Other sexual activities that don’t involve the exchange of body fluids (e.g., touching)

HIV testing and treatment

- **Testing:** 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.
 - Knowing your HIV status helps you to make healthy decisions to prevent getting or transmitting HIV.
- **Treatment:** No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled.
- **Country team to include details on getting HIV testing and treatment in their country, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (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.**

HIV epidemic in [Country]

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

Key populations and HIV globally

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

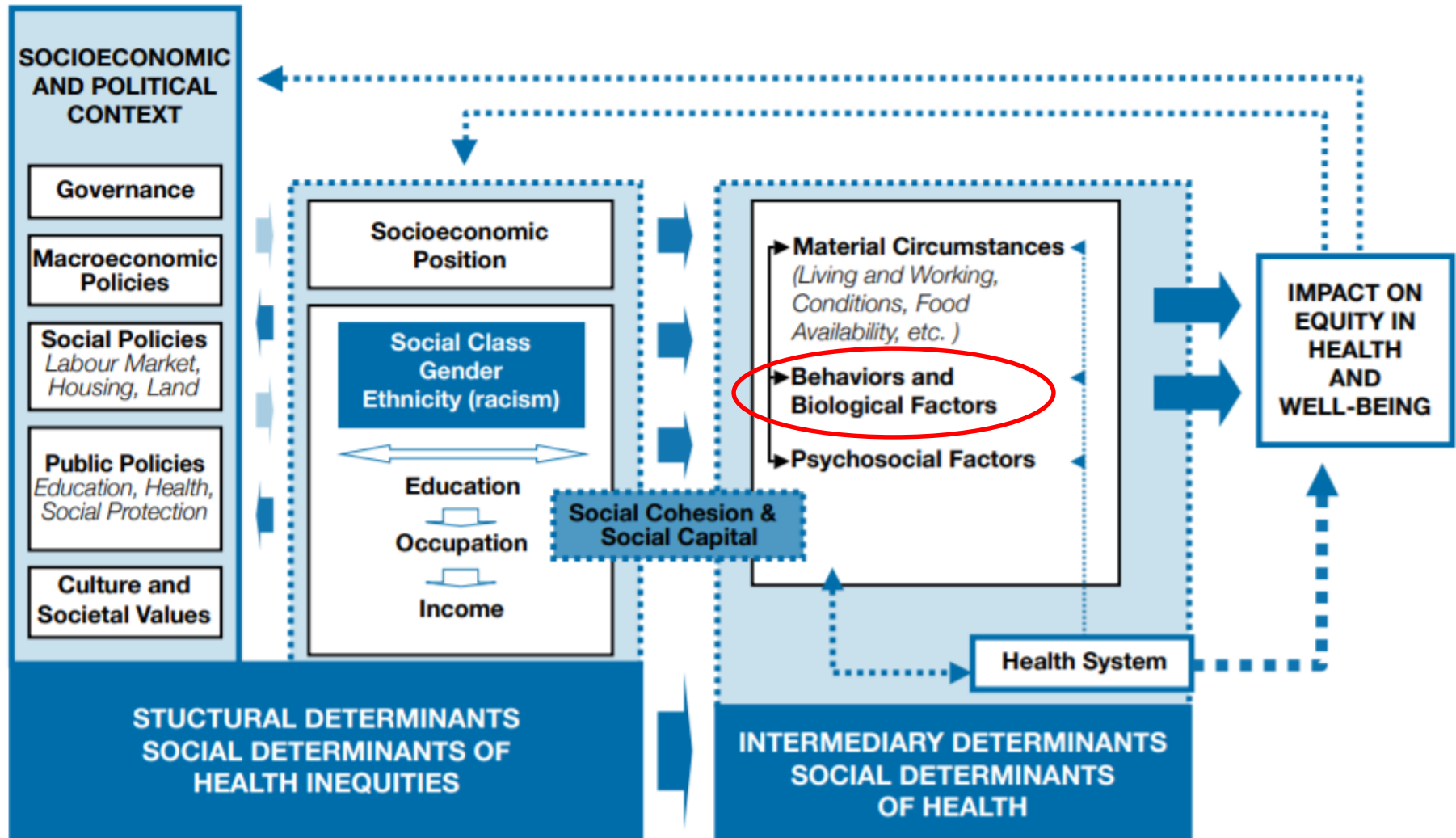
HIV among key populations in [Country]

Specify which KP groups—men who have sex with men, people who inject drugs, sex workers, 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.

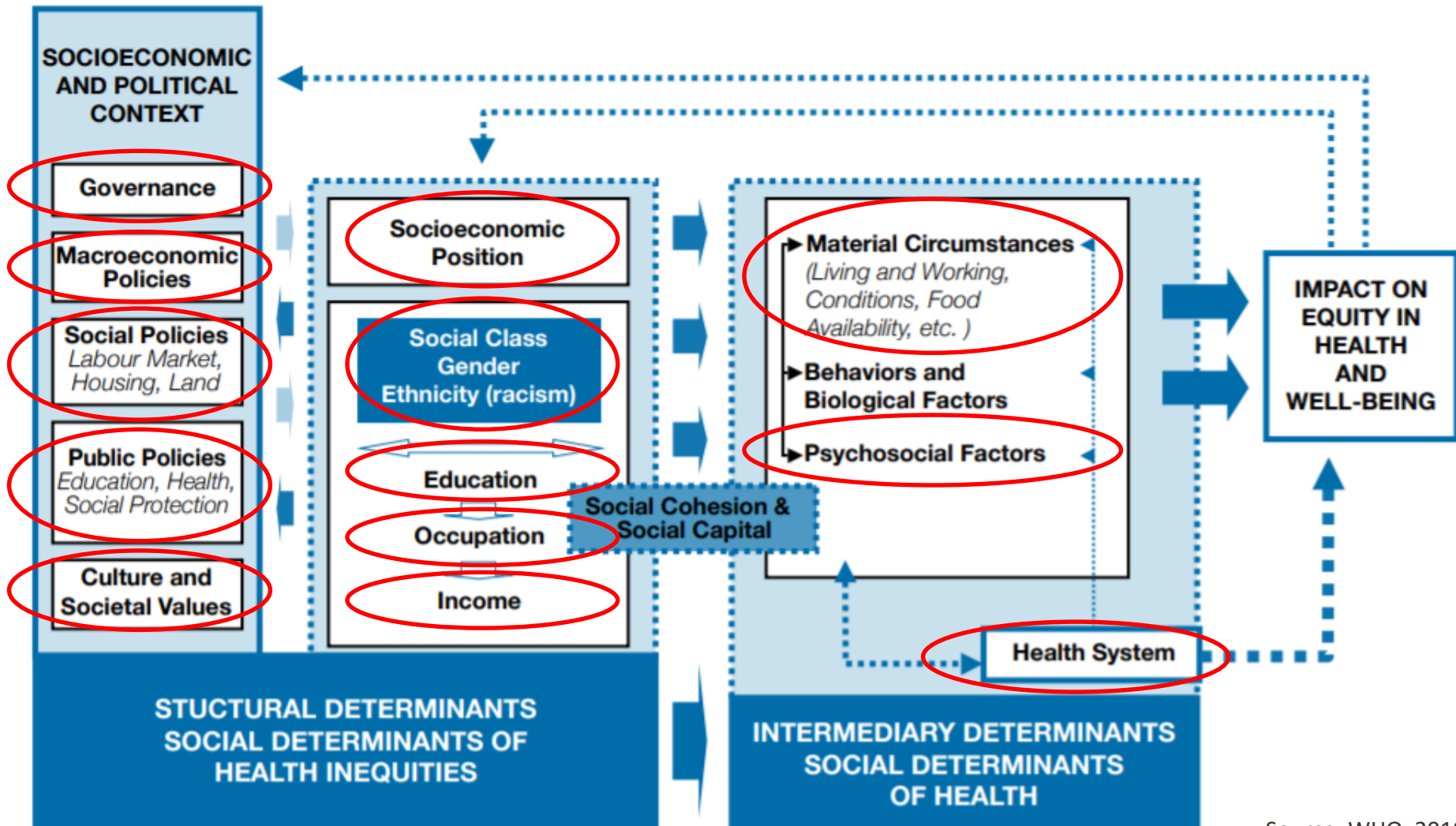
What influences people's health, including their vulnerability to HIV?



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

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

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



National strategic plan

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

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?

Thinking about our own risks

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

Focus on avoiding needle sticks

- Law enforcement officials working with people who inject drugs may face specific risks of HIV infection related to needle sticks.
- Several steps can help avoid needle sticks.

Questions and reflections



Session 2.2

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

Objectives

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

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

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

Biological sex

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

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



Gender

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

Gender identity

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

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

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



Gender expression

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

- Appearance
- Disposition
- Social behavior

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



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

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

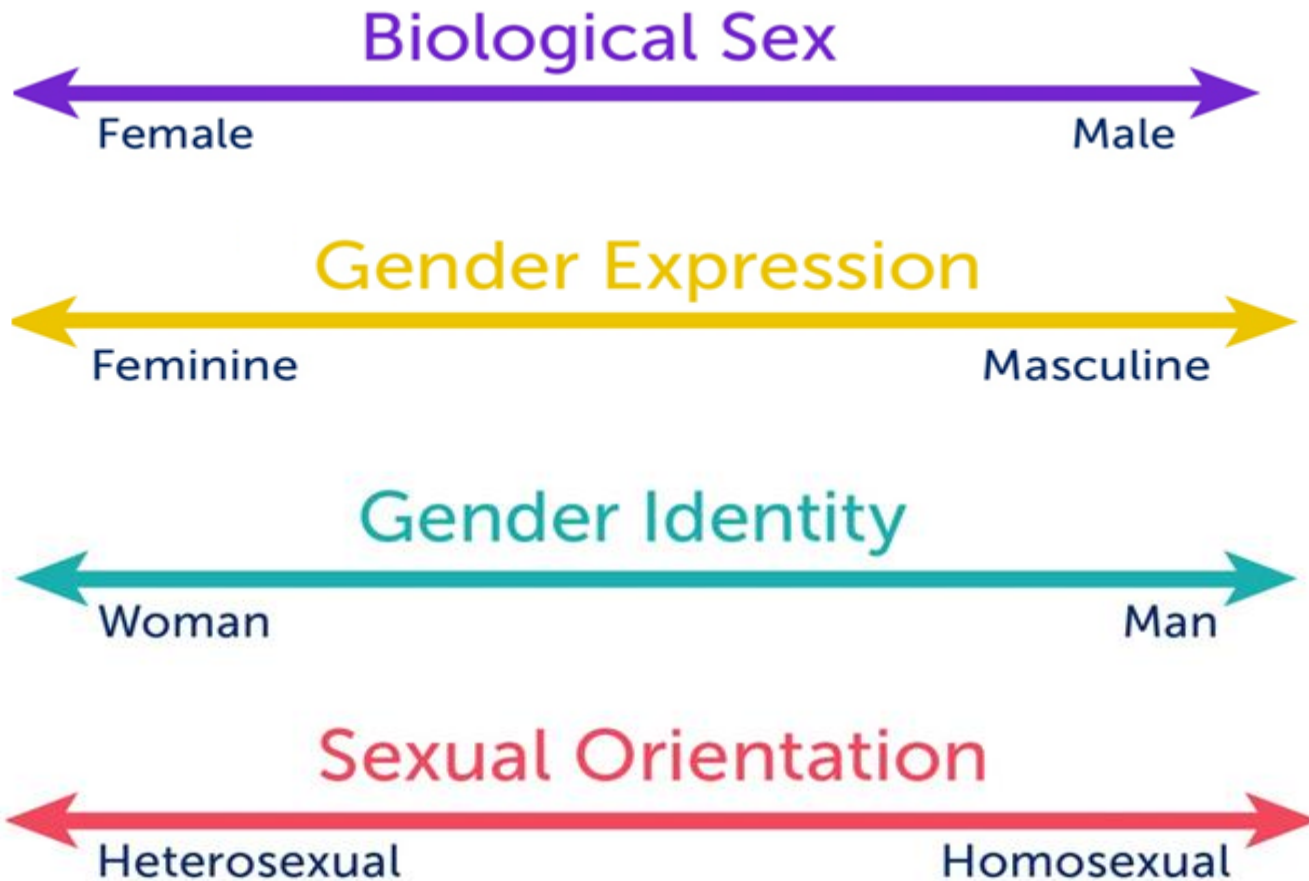
Sexual orientation

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

Terms often used to describe sexual orientation

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





Discussion: Gender norms

What are the “rules” for boys/men 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?

Discussion: Gender norms (debrief)

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

How do we learn these gender norms?

Discussion: Effects of gender norms

How do gender norms affect all of us?

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

Discussion: Effects of gender norms (continued)

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

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

Discussion: Effects of gender norms (continued)

How do gender norms increase HIV vulnerability among...

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

What is stigma?

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

What is discrimination?

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

Stigmatization process

DISTINGUISHING AND LABELING DIFFERENCES

(HIV status)

ASSOCIATING NEGATIVE ATTRIBUTES

(immoral, promiscuous)

SEPARATING “US” FROM “THEM”

(isolate physically and socially)

STATUS LOSS AND DISCRIMINATION

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

Stigmatization process with gender norms

**DISTINGUISHING AND LABELING
DIFFERENCES using gender norms**

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

ASSOCIATING NEGATIVE ATTRIBUTES

(immoral, promiscuous)

SEPARATING "US" FROM "THEM"

(isolate physically and socially)

STATUS LOSS AND DISCRIMINATION

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

Gender-based violence (GBV)

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

What might this look like among 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).

Discussion: What characteristics may affect services received?

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

Activity: The last post-exposure prophylaxis (PEP)

- PEP is a drug that can prevent HIV infection. It must be initiated within 72 hours after the potential exposure.
- Imagine you are the 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?**

Activity: The last PEP (debrief)

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?

Questions and reflections



Session 2.3

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

Objectives

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

Types of violence

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

Activity: Amanda's story

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



Amanda when
she is free to be
herself



Amanda when
she cannot be
herself

Questions (one question per group)

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

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

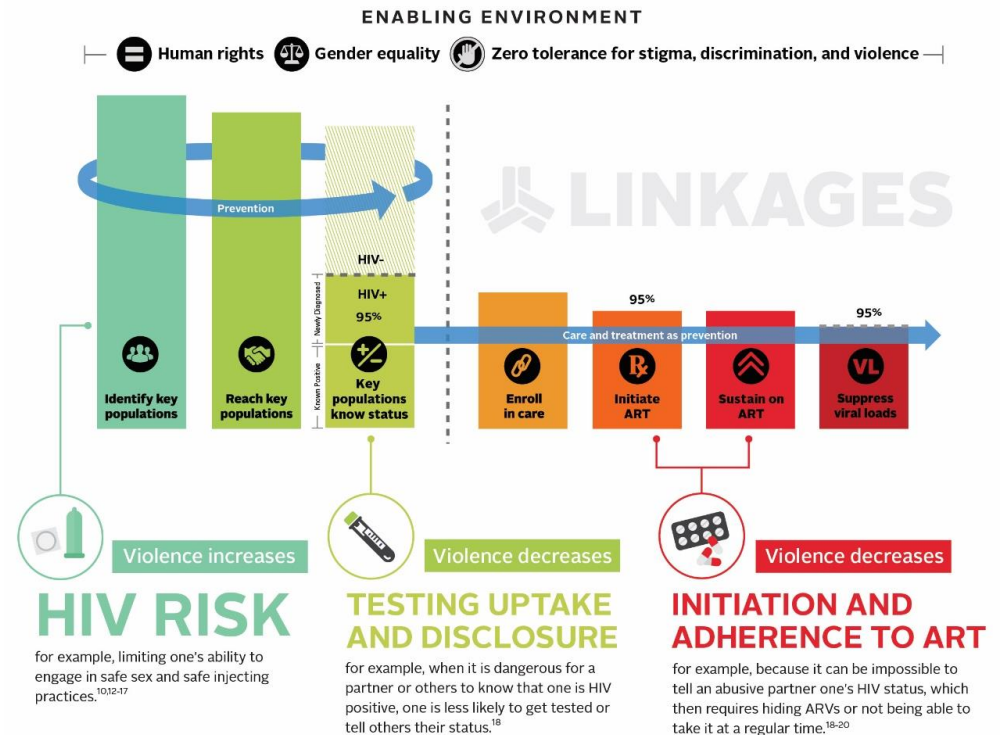
Question 3: List all the perpetrators of violence. Decide which perpetrator had the most dramatic negative impact on Amanda's life and explain your answer.

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

Violence affects the HIV epidemic

Violence:

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



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

Violence against Key Populations in [Country]

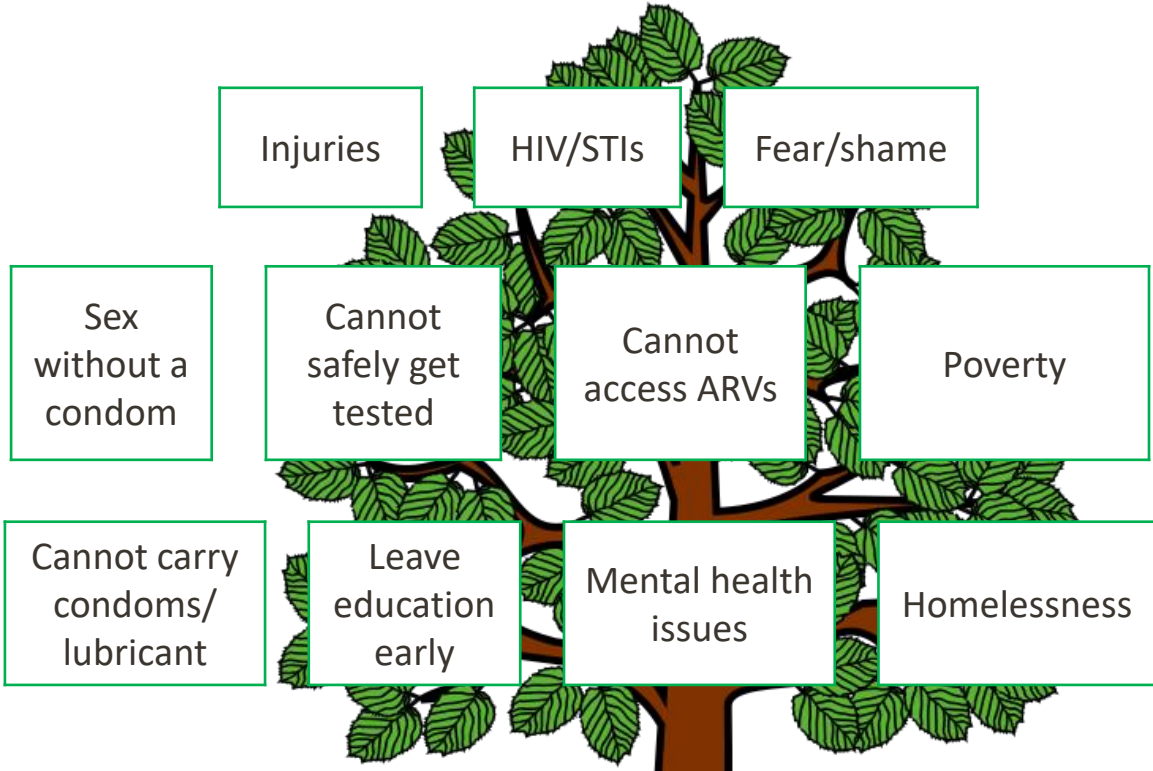
Insert country-specific information/statistics about violence against key populations in [Country]. If there is specific data on violence perpetrated by law enforcement agencies, this data should also be added to this slide.

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, 1 percent were blackmailed because of sexuality, and 19 percent experienced a discrimination event.
 - Another study in 2013 study found that over 20 percent of men who have sex with men had experienced some form of stigma and 11.4 percent had experienced homophobic violence.
- Stigma and violence experienced among men who have sex with men can be responsible for difficulties in going for an HIV test, seeking HIV services, and disclosing HIV status.

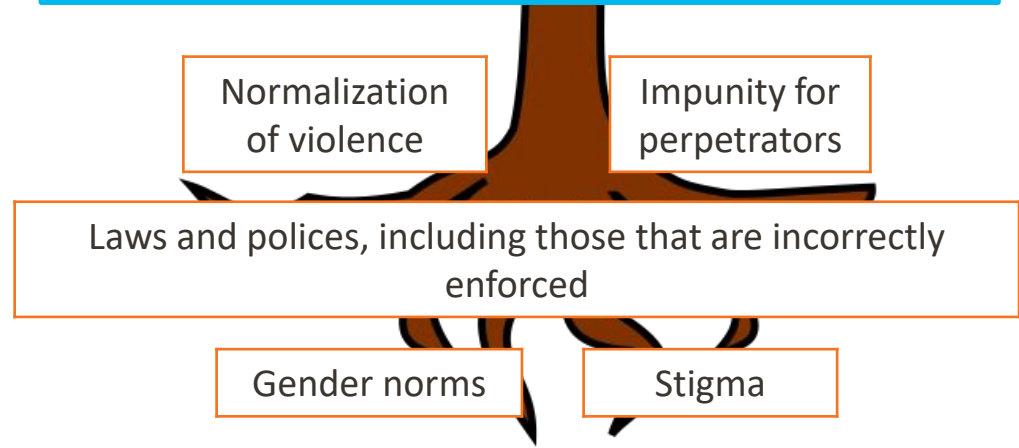
Questions and reflections

Consequences →



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

Causes →





Session 2.4

Human Rights and Local Legal Context

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

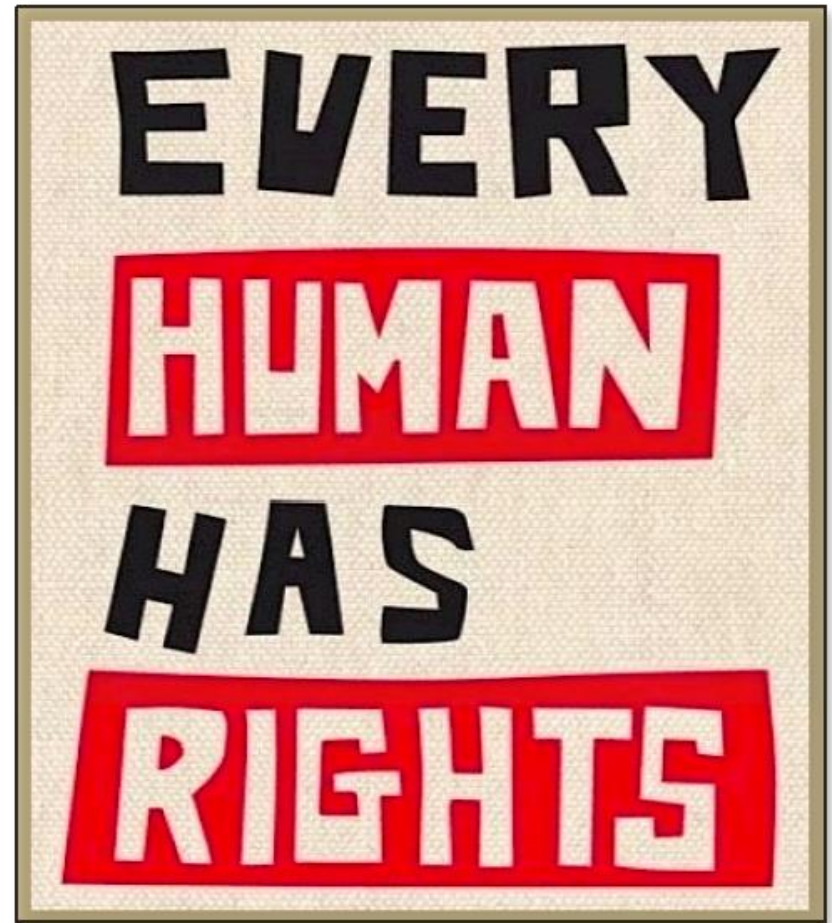
The slides used here will be provided by a local lawyer

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, PWID, SWs, trans people)? What laws, including laws about human trafficking, are often misinterpreted or misunderstood and how should they actually be enforced?
- **Step 4:** What latitude/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 WISH 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 live 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

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.



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.

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)

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.

Questions and reflections



Session 2.5

Recognizing and Challenging Violence in Law Enforcement/ Key Population Interactions

Objective

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

Activity: What went wrong, what could make it right?

In groups:

- Read your scenario.
- Decide how you will act it out.
- Explain:
 1. What rights violation occurred
 2. The consequence of that violation
 3. What the police officer should have done instead

Discussion: Environmental factors

- We all work within and are affected by our environments (e.g., the police station where you work)
- What is currently in place that makes it more difficult to do what you know is right?
- What could be done to make it easier for everyone to do the right thing?

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.

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.

Questions and reflections



Session 2.6

Focus on Intimate Partner Violence

Objectives

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

Intimate partner violence in [Country]

- IPV is ongoing or past violence by an intimate partner or ex-partner. It is common in the general population and among key populations.^{1–5}
- Here is what we know about IPV in [country].
- [Country team to add data on IPV in their country including both general population and key population figures as available. If this was covered in session 2.1, do not repeat the statistics here; rather, review the definition of IPV before moving to the next case study.]

Activity: Thandi's story

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

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

Activity: Thandi's story (debrief)

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

Discussion: What about in the case of key populations?

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

Questions and reflections



Session 2.7

Panel Discussion with Key Population Members

Objectives

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

Panel discussion


1. What do you think is important for law enforcement agencies to know about your community?
2. Please describe a past experience with law enforcement. What were the outcomes of that experience?
3. What do you wish law enforcement would do to help and support your community?

Thank you!

Module 3

Applying Principles and Building Skills





Session 3.1

Fundamental Principles of Violence Prevention and Response

Objective

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

Fundamental principles of violence prevention and response

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

Principle 1: Do no harm

- Those working with victims of violence are ethically obligated to consider whether their actions could cause harm and actively avoid this outcome.
- This principle dictates:
 - Avoid causing harm to KP members, or causing further harm to those who have experienced violence
 - Act in accordance with the wishes and choices of all victims 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

Discussion: How to avoid harm

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?

A. Sharing Robert's sexual orientation with other officers

B. Telling Robert that this is his fault

C. Refusing to help Robert

Principle 2: Promote human rights

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

- Providing services to KP members who are victims of violence without stigma or discrimination
- Not arbitrarily arresting or detaining KP members and not confiscating condoms, lubricant, or sterile injecting equipment
- If a KP member is detained, explaining law enforcement procedure and their rights to them
- Rejecting the idea that KP members must be rescued from themselves (e.g., forcing gay men to enter into reparative therapy, forcing sex workers to stop working, forcing people who use drugs into “treatment centers”)

Discussion: How to promote human rights

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?

- A. Arresting Mary for carrying condoms
- B. Failing to tell Mary what she is charged with
- C. Failing to explain Mary's rights to her

Principle 3: Self-determination and access to all services

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

Discussion: How to ensure self-determination

Olivia is a transgender woman. She comes to the 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?

- A. The officer listens to her kindly
- B. The officer tells her she must get an HIV test
- C. The officer tells her she must begin PEP

Principle 4: Privacy, confidentiality, and informed consent

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

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

Activity: Privacy and confidentiality

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

What do we mean by confidentiality?

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

What do we mean by consent?

When a person agrees...

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

What is informed consent?

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

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

A: If you report this crime, the perpetrator will go to jail for a long time.

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.

Questions and reflections



Session 3.2

Needs of Key Population Members Who Experience Violence

Objectives

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

Discussion: Meeting victims' needs

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

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] Hours: Location: Focal Point: Phone: Email: Services available: | [Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: | [Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: |
| [Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: | [Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: | [Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: |

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

Objective

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

Activity: Standing in her shoes

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

Activity: Standing in her shoes (debrief)

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

The importance of your response

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

What happens when we blame victims?

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

Discussion: Questions that blame

- Why were you wearing such revealing clothing?
- If you were really afraid, why didn't you run or scream?
- Why do you choose to put yourself in risky situations?

Our response to one victim affects others

- Blaming any victim also makes others' disclosures less likely.
- One of the predictors for whether someone will come forward to disclose violence is what they have seen happen to others upon disclosure.
- This is a phenomena called “social proof.”¹
- As a 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.

Discussion: Why do we blame victims?

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

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.”¹
- “An effective investigation will concentrate on gathering as much evidence as possible on the suspect ... not on the victim’s character, behavior, or credibility.”¹

Source: International Association of Chiefs of Police, 2005.



Questions and reflections



Session 3.4

Victim-Centered Support

Objectives

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

Victim-centered support

- 1. Use active listening skills to:**
 - Acknowledge that it can be difficult to share experiences of violence
 - Let the person know you appreciate them sharing these experiences
 - Provide nonjudgmental support and validate the person's experience
- 2. Deliver core messages.**
- 3. Ask about safety.**
- 4. Ask about other needs.**
- 5. Provide information and make referrals to available resources.**

Activity: Skills of a good listener

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

Activity: Brainstorm listener do's and don'ts

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

Discussion: Demonstrating active listening skills

How do we show that we're actively listening?

- Nodding
- Saying “uh huh”
- Leaning closer
- Making eye contact
- Giving the person time to tell their story at their own pace
- Being comfortable with silence and pauses (e.g., giving person time to think)
- Avoiding distractions (phone/watch)
- Trying to reflect back or further inquire about what the person is saying

Deliver core messages

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

Messages to avoid

Avoid statements that

- Place blame on the victim
- Doubt the victim's story
- Minimize what the victim experienced
- Recommend the victim change their profession, sexual orientation, or gender identity to avoid violence

Avoid questions that suggest fault

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

Activity: Revisit standing in her shoes

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

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?

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

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.”

Questions and reflections



Session 3.5

Responding to and Documenting Cases of Violence

Objectives

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

Statement-taking and reporting tools

II. INCIDENT DESCRIPTION

Type of Violence: Physical Sexual Emotional
 Economic Other Human Rights Abuses: Describe _____

Incident Location:

Incident Date (MM/DD/YYYY):

Time:

Please describe what happened:

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

Activity: Practice responding to and documenting violence (debrief)

- How did each of these go?
 - Active listening
 - Deliver core messages
 - Check in on safety
 - Ask about other needs
 - Provide information and make referrals
 - Documentation
- What worked well?
- What areas need improvement?

Forensic specimens

- 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.

Questions and reflections



Session 3.6

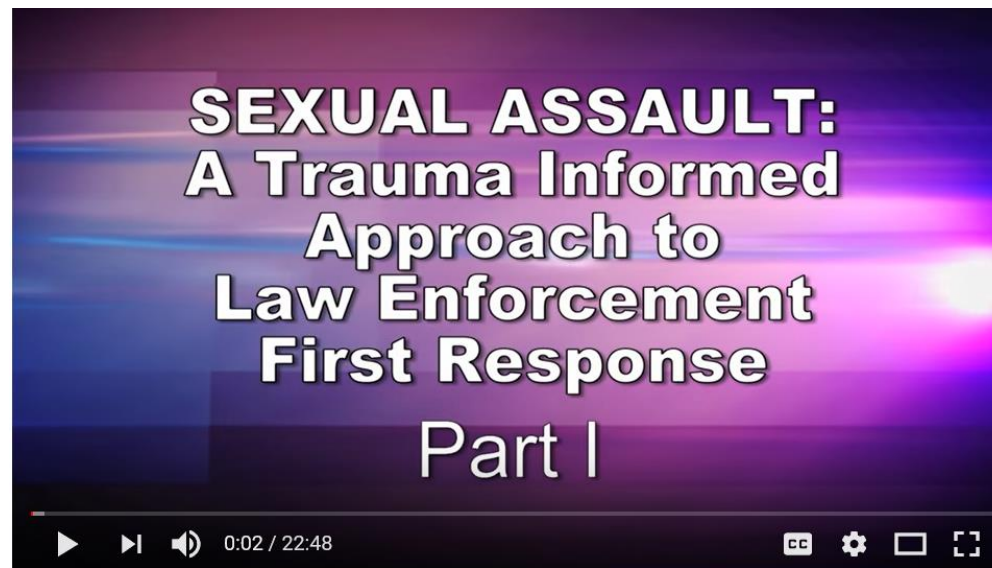
Trauma-Informed Approach to Law Enforcement

Objective

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

Video

- <http://youtu.be/gtWD1XJrhNo>
- 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.



Discussion: Applying what you learned

- What are the impacts of trauma on victims of violence?
- Why is it important for law enforcement officers to understand how trauma can affect a victim?
- What can you do differently now that you understand how trauma impacts victims of violence?

Questions and reflections

Module 4

Using What We Have Learned





Session 4.1

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

Objectives

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

Secondary stigma

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

Activity: Best response game

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

Self-care

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

Consequences of poor self-care

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

Recommendations for self-care

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

Discussion: Strategies for coping with stress

Turn to the person next to you and discuss:

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

Some examples of self care

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

Activity: Stress relief

Questions and reflections



Session 4.2

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

Objectives

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

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).

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


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.

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

Objectives

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



Session 4.4

Closing Ceremony and Final Words

Objective

Acknowledge participant effort and commitment

References

- Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis*. 2013;13:214-22.
- 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.
- Cortina LM, Rabelo VC, Holland KJ. Beyond blaming the victim: toward a more progressive understanding of workplace mistreatment. *Ind Organ Psychol*. 2018;11(1):81-100.
- 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.
- 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.
- 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.
- 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.
- 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.
- El-Bassel N, Gilbert L, Wu E, Chang M, Gomes C, Vinocur D, et al. Intimate partner violence prevalence and HIV risks among women receiving care in emergency departments: implications for IPV and HIV screening. *Emerg Med J*. 2007;24(4):255-9.
- Finneran C, Stephenson R. Intimate partner violence among men who have sex with men: a systematic review. *Trauma Violence Abuse*. 2013;14(2):168-85.
- Guadamuz TE, Wimonsate 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.

References (continued)

- International Association of Chiefs of Police. Sexual assault incident reports: investigative strategies. Alexandria (VA): International Association of Chiefs of Police, 2005.
- Janoff-Bulman R. Shattered assumptions: towards a new psychology of trauma. New York: The Free Press, 2010.
- Joint United Nations Programme on HIV/AIDS. Prevention gap report. Geneva: Joint United Nations Programme on HIV/AIDS, 2016.
- Lerner MJ, Simmons CH. Observer's reaction to the "innocent victim": compassion or rejection? *J Pers Soc Psychol.* 1966;4(2):203-10.
- Lerner MJ. The belief in a just world. In: *Perspectives in social psychology.* Boston: Springer, 1980. p. 9-30.
- Link BG, Phelan JC. Conceptualizing stigma. *Annu Rev Sociol.* 2001;27(1):363-85.
- Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES). The nexus of gender and HIV among men who have sex with men in Kenya. Durham (NC): FHI 360, 2016.
- LINKAGES. The nexus of gender and HIV among transgender people in Kenya. Durham (NC): FHI 360, 2016.
- 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.
- 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.
- 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.
- Panchanadeswaran S, Johnson SC, Sivaram S, Srikrishnan AK, Latkin C, Bentley ME, et al. Intimate partner violence is as important as client violence in increasing street-based female sex workers' vulnerability to HIV in India. *Int J Drug Policy.* 2008;19(2):106-12.

References (continued)

- 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.
- United Nations General Assembly. Universal declaration of human rights. 1948 Dec 10 [Internet]. Geneva: United Nations Office of the High Commissioner for Human Rights. Available from: https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf.
- 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.
- Valentine SE, Peitzmeier SM, King DS, O'Cleirigh C, Marquez SM, Presley C, et al. Disparities in exposure to intimate partner violence among transgender/gender nonconforming and sexual minority primary care patients. *LGBT Health*. 2017;4(4):260-7.
- Vedantam S. Why #MeToo happened in 2017. 2018 Feb 7 [podcast on the Internet]. Washington: National Public Radio (NPR); 2018. Available from: <https://www.npr.org/2018/02/07/583910310/why-metoo-happened-in-2017>.
- 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.
- World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, 2013.
- 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.
- World Health Organization. Guidelines for medico-legal care for victims of sexual violence. Geneva: World Health Organization, 2003.
- 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.



Stay Connected with LINKAGES

There are several ways to stay involved with LINKAGES's work as well as new evidence, publications, and tools related to HIV prevention, care, and treatment among KP members and their partners.

Stay Connected with LINKAGES

- Follow LINKAGES on Twitter:
 www.twitter.com/LINKAGESproject
- Like the project on Facebook:
 www.facebook.com/LINKAGESproject
- Subscribe to the LINKAGES blog
www.linkagesproject.wordpress.com
- [Subscribe](#) to The [LINK](#), LINKAGES's quarterly project e-newsletter
- Check out LINKAGES's quarterly research [digest](#)

Acknowledgments



USAID
FROM THE AMERICAN PEOPLE



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

fhi360
THE SCIENCE OF IMPROVING LIVES

pact building
local
promise.

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH