Annotated Bibliography:
Training and Programming Resources on Gender-Based Violence against Key Populations

Addressing Sex Workers, Men Who Have Sex With Men, Transgender People and People Who Inject Drugs

Submitted to USAID by Management Sciences for Health

DATE: June 25, 2013

This document is made possible by the generous support of the US President’s Emergency Plan for AIDS Relief (PEPFR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.
ACKNOWLEDGEMENTS

Sincere thanks are given to the many individuals and organizations that contributed to this Annotated Bibliography.

The initiative was implemented under the AIDSTAR-Two project by the International HIV/AIDS Alliance in collaboration with Management Sciences for Health. The Alliance provided management oversight (Kate Killberg, US-based Senior Program Officer) and the technical lead (Christine Stegling, Associate Director, HIV Best Practice and Divya Bajpai, Senior Adviser, SRH/HIV Integration). The Annotated Bibliography was coordinated and written by Sarah Middleton-Lee, Lead Consultant.

Particular thanks are given to Diana Prieto, Co-Chair of the PEPFAR Gender Technical Working Group for her technical input on this document. In addition, we appreciate the feedback received from the PEPFAR Gender Technical Working Group members and program implementers who helped refine and strengthen the content of this Annotated Bibliography.

We also want to thank the following key population networks/expert consultants who, as project partners, led the identification of resources for each key population and played an invaluable advisory role:

**Sex workers:**
- Sandhya Rao and Cath Sluggett (expert consultants), in communication with the Global Network of Sex Work Projects (NSWP)
- La Red de Trabajadoras Sexuales de Latinoamerica y El Caribe (REDRASEX)*

**Men who have sex with men:**
- The Global Forum on MSM and HIV (MSMGF)

**Transgender people:**
- Joanne Keatley (expert consultant, Centre of Excellence for Transgender Health)
- La Red Latinoamericana y del Caribe de personas Trans (REDLACTRANS)*

**People who inject drugs:**
- International Network of People who Use Drugs (INPUD)

Lastly, we also extend our appreciation to Yadira Almodovar-Diaz, Portfolio Manager, and Sarah Johnson, Director of the AIDSTAR-Two Project, for their technical inputs and general oversight and Elizabeth Walsh, Communications Advisor for AIDSTAR-Two, for editing this document.

*Responsible for identifying Spanish language resources in the Latin America and Caribbean region.*
## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAP</td>
<td>Alliance India Andhra Pradesh</td>
</tr>
<tr>
<td>APCoP</td>
<td>Asia Pacific Community of Practice</td>
</tr>
<tr>
<td>APNSW</td>
<td>Asia Pacific Network of Sex Workers</td>
</tr>
<tr>
<td>APTN</td>
<td>Asia Pacific Transgender Network</td>
</tr>
<tr>
<td>AVP</td>
<td>Anti-Violence Project</td>
</tr>
<tr>
<td>BONELA</td>
<td>Botswana Network on Ethics, Law and HIV/AIDS</td>
</tr>
<tr>
<td>CMAC</td>
<td>Centre for Media and Alternative Communication</td>
</tr>
<tr>
<td>CUAV</td>
<td>Community United Against Violence</td>
</tr>
<tr>
<td>EHRN</td>
<td>Eurasian Harm Reduction Network</td>
</tr>
<tr>
<td>FALGBT</td>
<td>Federación Argentina de Lesbianas, Gays, Bissexuales y Trans</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>GHI</td>
<td>Global Health Initiative</td>
</tr>
<tr>
<td>GLBTQ</td>
<td>Gay, Lesbian, Bisexual, Transgender and Queer</td>
</tr>
<tr>
<td>HST</td>
<td>Humsafar Trust</td>
</tr>
<tr>
<td>ILGA</td>
<td>International Lesbian and Gay Association</td>
</tr>
<tr>
<td>KHPT</td>
<td>Karnataka Health Promotion Trust</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual and Transgender</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender and Queer</td>
</tr>
<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Workers</td>
</tr>
<tr>
<td>NCAVP</td>
<td>National Coalition of Anti-Violence Programs</td>
</tr>
<tr>
<td>NSWP</td>
<td>Global Network of Sex Work Project</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan-American Health Organization</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PWID</td>
<td>People who inject drugs</td>
</tr>
<tr>
<td>REDBOL</td>
<td>Gracia Violeta Ross for the Bolivian Network of People Living with HIV</td>
</tr>
<tr>
<td>REDLACTRANS</td>
<td>Red Latinoamericana y del Caribe de Personas Trans</td>
</tr>
<tr>
<td>SAATHII</td>
<td>Solidarity and Action against the HIV Infection in India</td>
</tr>
<tr>
<td>SAFAIDS</td>
<td>Southern Africa HIV/AIDS Information Dissemination Service</td>
</tr>
<tr>
<td>SANGRAM</td>
<td>Sampada Grameen Mahila Sanstha</td>
</tr>
<tr>
<td>SASO</td>
<td>Social Awareness Service Organisation</td>
</tr>
<tr>
<td>SIAAP</td>
<td>South India AIDS Action Program</td>
</tr>
<tr>
<td>SWOP</td>
<td>Sex Workers Outreach Project</td>
</tr>
<tr>
<td>TAMPEP</td>
<td>Transnational AIDS/STD Prevention Amongst Migrant Prostitutes</td>
</tr>
<tr>
<td>TG</td>
<td>Transgender</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group (PEPFAR)</td>
</tr>
<tr>
<td>UCHAPS</td>
<td>Urban Coalition for HIV/AIDS Prevention Services</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>UKNSWP</td>
<td>UK Network of Sex Work Projects</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Joint Program on AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UNWOMEN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>VAMP</td>
<td>Veshya Anyay Mukti Parishad</td>
</tr>
<tr>
<td>WGGE</td>
<td>Women, Girls and Gender Equality (Principle)</td>
</tr>
</tbody>
</table>
CONTENTS
Acknowledgements........................................................................................................................................... iii

Acronyms ......................................................................................................................................................... iv

INTRODUCTION TO ANNOTATED BIBLIOGRAPHY ........................................................................................ 1

Rationale ......................................................................................................................................................... 1
Audience ........................................................................................................................................................... 2
Methodology .................................................................................................................................................... 2
Limitations of process and findings .................................................................................................................. 4

DEFINITIONS AND FRAMEWORKS FOR ANNOTATED BIBLIOGRAPHY ....................................................... 4

CONTEXT .......................................................................................................................................................... 6

HIV, gender and key populations ...................................................................................................................... 6
Gender-based violence and key populations...................................................................................................... 8
Summary of rationale ........................................................................................................................................ 9

INTRODUCTION TO PARTS 1-4 OF ANNOTATED BIBLIOGRAPHY ................................................................. 10

ANNOTATED BIBLIOGRAPHY PART 1: TRAINING AND PROGRAMING RESOURCES ON GENDER-BASED
VIOLENCE AGAINST SEX WORKERS ........................................................................................................ 12

1.1. Analysis of existing resources on GBV against sex workers ............................................................... 12
1.2. Top priority existing resources on GBV against sex workers ............................................................ 16
1.3. List of other existing resources on GBV against sex workers ........................................................... 18

ANNOTATED BIBLIOGRAPHY PART 2: TRAINING AND PROGRAMING RESOURCES ON GENDER-BASED
VIOLENCE AGAINST MEN WHO HAVE SEX WITH MEN ........................................................................... 40

2.1. Analysis of existing resources on GBV against MSM ........................................................................ 40
2.2. Top priority existing resources on GBV against MSM .................................................................... 43
2.3. List of other existing resources on GBV against MSM .................................................................... 46

ANNOTATED BIBLIOGRAPHY PART 3: TRAINING AND PROGRAMING RESOURCES ON GENDER-BASED
VIOLENCE AGAINST TRANSGENDER PEOPLE ....................................................................................... 54

3.1. Analysis of existing resources on GBV against transgender people .................................................. 54
3.2. Top priority existing resources on GBV against transgender people ............................................... 56
3.3. List of other existing resources on GBV against transgender people ............................................... 58

ANNOTATED BIBLIOGRAPHY PART 4: TRAINING AND PROGRAMING MATERIALS ON GENDER-BASED
VIOLENCE AGAINST PEOPLE WHO INJECT DRUGS ............................................................................... 68

4.1. Analysis of existing resources on GBV against PWID ...................................................................... 68
4.2. Top priority resources on GBV against PWID ................................................................................ 70
4.3. List of other existing resources on GBV against PWID ................................................................... 73
INTRODUCTION TO ANNOTATED BIBLIOGRAPHY

Rationale

This report presents an Annotated Bibliography of training and programming resources on gender-based violence (GBV) against four key populations: sex workers, men who have sex with men (MSM), transgender people and people who inject drugs (PWID).

This is the first product in Review of Resources: Gender-Based Violence and Key Populations – a project commissioned by the Gender Technical Working Group (TWG) of the President’s Emergency Plan for AIDS Relief (PEPFAR). The project is implemented by the AIDSTAR-Two project, through the International HIV/AIDS Alliance (the Alliance) in collaboration with Management Sciences for Health (MSH).

The Gender Equality and Female Empowerment Policy (the Gender Policy) of the United States Agency for International Development (USAID) calls for programs to identify and address the unique needs of women and ensure equity in access to HIV programs and services. The Women, Girls and Gender Equality Principle (WGGE Principle) of the United States Government’s Global Health Initiative (GHI) reaffirms that commitment and explicitly calls for attention to marginalized populations that are most vulnerable to negative health outcomes, including HIV. The Gender Policy and WGGE Principle also highlight the need to support programing to prevent and respond to GBV, including among key populations.

The Review of Resources project was developed to address and strengthen these priorities. It aims to contribute to the ability of PEPFAR and its partners to better understand and respond to GBV against the four key populations and, in turn, to reduce HIV risk among them, as well as their sexual partners and family members. Specifically, the Gender TWG is interested in building the capacity of community and service-provider groups that support such populations to integrate gender into their work, with an emphasis on addressing GBV.

This Annotated Bibliography will be followed by a Technical Paper summarizing the key findings and gaps in resources identified, analyzing cross-cutting issues and making recommendations on the future resources and actions required. Both will be disseminated widely to catalyze and support discussion on the subject among stakeholders. Virtual methods – such as MSH’s LeaderNet Seminar virtual platform – will also be used to engage people in the field and solicit their input. After the Technical Paper is complete, it will be disseminated via a webinar. It is proposed that a second phase of the project will see the development and/or adaption of training and programming materials to fill any identified gaps.

Box 1: Why GBV matters

“The scale is tremendous, the scope is vast and the consequences for individuals, families, communities and countries are devastating.”

The United States Strategy to Prevent and Respond to Gender-Based Violence Globally

---

1 “Groups that are vulnerable to or affected by HIV and AIDS. Their involvement is vital to an effective response. Key populations vary according to the local context, but are usually marginalised or stigmatised because of their HIV status or social identities.” HIV, Health and Rights: Sustaining Community Action: Strategy 2013-2020, International HIV/AIDS Alliance, 2013.

**Aim and key questions**

The aim of this Annotated Bibliography is to document existing training and programming resources concerning GBV against sex workers, MSM, transgender people and PWID and to learn from them.

The Bibliography is designed to answer three **key questions** related to GBV against each of the key populations and a fourth cross-cutting question (see Box 2). The answers to the first three questions form the basis of this report. The cross-cutting question will be addressed in more detail in the subsequent Technical Paper. Its answer will help to, for example, identify the extent to which GBV experiences and needs for training/programming are common or different among the four populations and, in turn whether there is any potential to develop joint good practices and tools.

**Box 2: Key questions for Annotated Bibliography**

**For each key population:**
1. What training and programming resources about GBV already exist?
2. What is the quality of the resources?
3. What are the gaps in the resources?

**Cross-cutting question:**
1. What are the key issues and challenges, commonalities and differences requiring attention within training and programming resources on GBV against key populations?

**Audience**

The primary **audience** for this Bibliography is: PEPFAR and USAID decision-makers and program managers, including the PEPFAR Gender TWG, Country Teams and Key Populations Technical Working Group; other partners involved in the project, notably the Alliance and global networks of key populations; and other relevant national, regional and global organizations and stakeholders. At a later stage in the project, the primary audience for any new tools that are developed or adapted will be PEPFAR teams at the country level and national, regional and local community and service-provider organizations, as well as international NGOs working with key populations.

**Methodology**

As illustrated by Box 3, the aim of the Annotated Bibliography was to identify and document any type of **training or programming resources** on GBV against one or more of the four key populations. It included resources in any language and from any country or region, from the year 2000 onwards. The latter criterion was in recognition that, in many contexts, issues of GBV are unlikely to have changed significantly in recent years – having not, for example, been the subject of medical breakthroughs.

**Box 3: Examples of training and programming resources**

<table>
<thead>
<tr>
<th>Toolkits and manuals</th>
<th>Curricula for training workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information materials</td>
<td>DVDs and films</td>
</tr>
<tr>
<td>Policies and protocols</td>
<td>Practical guidelines</td>
</tr>
<tr>
<td>Case studies of good practice</td>
<td>Program frameworks</td>
</tr>
<tr>
<td>Program design and planning tools</td>
<td>Needs assessment tools</td>
</tr>
<tr>
<td>Monitoring and evaluation indicators</td>
<td>Budgeting tools</td>
</tr>
</tbody>
</table>
At the outset, it was recognized that identifying such resources could not be achieved through traditional methodologies used for literature reviews, such as searches of academic journals. This is due to the nature of: identifying training and programming resources (as opposed to research or advocacy resources); recognizing that many such resources would be ‘grey’ literature (not formally published or publicly available); sourcing materials from groups that might work underground due to stigma or criminalization and, therefore, do not have an international profile; and working on a subject that is highly sensitive and, as yet, under-addressed by many mainstream organizations.

In response, the identification of resources was carried out through collaboration with key population global networks and expert consultants (see Acknowledgements), using their experience and contacts to reach out to their constituencies and solicit resources. The outreach process typically combined:

- **A call for resources** among network members.
- **Direct communication with specific contacts** and experts most likely to be involved in training and programming on GBV against the key population.
- **A desk review of websites** of organizations and initiatives specific to the key population.

The work of the networks/consultants was complemented by additional efforts by the Alliance and the Lead Consultant. These included:

- **Desk review of websites** of organizations known to engage in training or programming work related to GBV and/or key populations. This process involved the review of library sections of websites and the use of word searches (for terms such as gender-based violence, violence, intimate partner violence, domestic violence, abuse, harassment and violation).
- **Communication with Alliance partners** (Linking Organizations, Country Offices and community groups) working with key populations in countries throughout the world.
- **Communication with individual contacts** of resource people and experts known to be involved in responses to GBV against women key populations.

The Annotated Bibliography was also informed by the review of a small number of global policies and frameworks on GBV, such as those by USAID and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN). This helped to ensure that the project was situated within the wider policy environment, within which increasing attention has been given to GBV, predominantly focusing on women and girls.

Initially, all of the resources identified through the multiple methodologies were recorded on a simple datasheet – providing their basic details, a brief description and notes on their quality. In turn, the resources were reviewed by the Lead Consultant, with the resulting information summarized in Parts 1-4 of this report. For each population, the Lead Consultant collaborated with the relevant Project Partner (key population network/expert consultant) to identify top priority resources – namely the approx. five considered most useful and appropriate for adaptation, replication and/or scale-up. (See ‘Introduction to Parts 1-4 of Annotated Bibliography’ section for further information about the criteria that was used).
Limitations of process and findings

There were a number of challenges experienced during the development of the Annotated Bibliography that, in turn, limit its findings. Most significantly, while the activity had intended to focus on ‘true’ training and programming resources, in practice, few such resources were identified. In turn, it was necessary to widen the remit and include the large number of useful and interesting materials (such as resource reports, consultations and case studies) that could inform training and programming resources.

A further challenge was that the Annotated Bibliography found comparatively few practical resources on ‘what to do’ about GBV against key populations – as opposed to the increasingly large body of work relating to women and girls in the general public. In particular, in comparison to sex workers (especially females), there are few resources in relation to MSM, transgender people and, especially, PWID.

A further limitation was the generally low level of response to the calls for resources made by the key population networks/expert consultants. This meant it was unclear whether relevant resources do not exist or constituents were unable or unwilling to respond. It also contributed to a heavier than expected dependence on identifying resources through individual contacts and desk reviews of websites. A final limitation was the apparently low level of understanding about the broad definition of GBV – which, as described below, includes attention to violence related to ‘gender identity’ and ‘sexual and gender minorities’. As such, some key population organizations – especially those that ‘do not do gender work’ – may not identify their initiatives as being of relevance to the subject.

These and further challenges experienced within the Review of Resources will be discussed in more detail in the Technical Paper to follow this Annotated Bibliography.

DEFINITIONS AND FRAMEWORKS FOR ANNOTATED BIBLIOGRAPHY

This Annotated Bibliography uses the broad definition of GBV provided by USAID (see Box 4 on the following page). Of note, within the context of key populations, this was understood to include attention to violence that can:

- Affect women, girls, men, boys and sexual and gender minorities.
- Include, but not be restricted to, sexual acts.
- Be related to socially defined norms of gender and sexuality identity.
- Occur both against and among key populations.
- Be carried out by intimate partners, police, community members, clients and others.
- Take place in a range of contexts (such as in the home, in health care settings or related to a person’s marginalized behavior, such as in the case of sex works).
**Box 4: Definition used for gender-based violence**

| Gender-based violence | “Violence that is directed at an individual based on his or her biological sex, gender identity or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life ... GBV takes on many forms and can occur throughout the life cycle. Types of gender-based violence can include: female infanticide; child sexual abuse; sex trafficking and forced labor; sexual coercion and abuse; neglect; domestic violence; elder abuse; and harmful traditional practices, such as early and forced marriage, ‘honor’ killings and female genital mutilation/cutting ... Women and girls are the most at risk and most affected by GBV. Consequently, the terms ‘violence against women’ and ‘gender-based violence’ are often used interchangeably. However, boys and men can also experience GBV, as can sexual and gender minorities. Regardless of the target, GBV is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control.”

As described in the next section, the Annotated Bibliography – and the wider AIDSTAR-Two activity of which it is a part – had aimed to have a specific focus on gender-based violence and its intersection with health and development outcomes, including those related to HIV. However, while actually implementing the process, it became evident that – in many instances – it is challenging to identify precisely when a form of violence against a member of a key population is based on gender factors (as opposed to being indirectly influenced by such factors or having no connection). As such, while effort was made to identify GBV-specific training and program resources, in actuality, many of those included in the Annotated Bibliography refer to a larger range of practices.

Similarly, while implementing the process, it also became evident that there were few training and programming resources that solely focus on GBV, as opposed to addressing wider areas, such as gender or HIV. As such, while particular attention was given to ‘GBV specific’ resources, in practice, many of those included in the Annotated Bibliography are more generic ones that, for example, include a chapter on GBV or integrate the subject throughout.

This Annotated Bibliography uses the **definitions of key populations** provided below:

**Box 5: Definitions used for key populations**

| Sex workers | “Female, male and transgender adults and young people (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally ... It is important to note that sex work is consensual sex between adults, which takes many forms and varies between and within countries and communities. Sex work may vary in the degree to which it is more or less ‘formal’ or organized.”

| Men who have sex with men | “An inclusive public health construct used to define the sexual behaviors of males who have sex with other males, regardless of the motivation for engaging in sex or identification with any or no particular ‘community’. The words ‘man’ and ‘sex’ are interpreted differently in diverse cultures and societies, as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male-to-male sex takes place. Perhaps the most important distinction to make is

---

3 United States Strategy to Prevent and Respond to Gender-Based Violence Globally, USAID and Department of State, Government of the United States of America, August 2012.

4 Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Approach, NSWP, UNAIDS, WHO and UNFPA, December 2012.
one between men who share a non-heterosexual identity (i.e., gay, homosexual, bisexual or other culture-specific concepts that equate with attraction to other men) and men who view themselves as heterosexual but who engage in sex with other males for various reasons (e.g. isolation, economic compensation, sexual desire, gender scripts).  

| Transgender people | “An umbrella term for persons whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth. Transgender people may self-identify as transgender, female, male, transwoman or transman, trans-sexual, hijra, kathoey, waria or one of many other transgender identities and may express their genders in a variety of masculine, feminine and/or androgynous ways.”  

| People who inject drugs | “People who inject drugs are a key constituency among people who use drugs because this group is often the most discriminated against, marginalized, criminalized and experiences some of the most serious health problems that can be associated with drug-taking under the regime of global prohibition.” |

In this Annotated Bibliography, each top priority resource is assessed according to whether it addresses one or more of three core components of a framework to respond to GBV, as cited by USAID (see Box 6). In subsequent stages of this project, more specific and detailed frameworks will be developed for each key population.

**Box 6: Core components of responses to GBV**

1. **Prevention** of GBV from occurring in the first place and from recurring, by working with local grassroots organizations, civil society and key stakeholders in the community, including men and boys.
2. **Protection** from GBV by identifying and providing services to survivors once the violence occurs.
3. **Accountability** to ensure that perpetrators are prosecuted and to end impunity by strengthening legal and judicial systems.

**CONTEXT**

**HIV, gender and key populations**

According to UNAIDS, the world is witnessing unprecedented progress in the response to HIV. Historic success in bringing HIV programs to scale – combined with the emergence of powerful new tools to treat the disease – has led to a dramatic decline in new infections, deaths and the global AIDS epidemic, in both high and low prevalence settings.

---

5 *Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men who have Sex with Men and Transgender People Recommendations for a Public Health Approach*, MSMGF, UNAIDS, UNDP and GIZ, 2011.

6 The definition further specifies that: “Until recently, in the context of HIV prevention, transgender people were included as MSM. However, there is a clear trend to stop including transgender people as part of the MSM population. This is in response to the higher vulnerability and specific health needs of transgender people and to their justified demand for an independent constituency status in the global HIV response.” *Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men who have Sex with Men and Transgender People Recommendations for a Public Health Approach*, MSMGF, UNAIDS, UNDP and GIZ, 2011.


8 *United States Strategy to Prevent and Respond to Gender-Based Violence Globally*, USAID and Department of State, Government of the United States of America, August 2012.

prevent people from becoming infected and from dying from AIDS-related causes – has laid the foundation for the eventual end of AIDS.

However, challenges still remain. National epidemics are expanding in many regions, while, globally, an estimated 0.8% of adults aged 15-49 years – some 34 million people – are living with HIV.

Gender inequality continues to drive epidemics throughout the world. For example, in Sub-Saharan Africa, the region most severely affected by HIV, harmful gender norms – combined with other factors, such as low socio-economic status – lead to women representing 58% of all people living with HIV. Meanwhile, gender norms also increase men’s vulnerability to HIV – encouraging high-risk behavior and deterring them from seeking sexual health services or acknowledging their lack of knowledge about HIV.

In both generalized and concentrated HIV contexts, key populations are disproportionately vulnerable to and affected by HIV. In many countries, while HIV incidence is stabilizing or reducing among the general population, it is still increasing among some key populations. For example:

- Data from 50 countries indicates global HIV prevalence among female sex workers to be 12%. They are 13.5 times more likely to be living with HIV than other community members.
- Some evidence indicates that global prevalence among MSM increased from 2010 to 2012. Surveys in capital cities show HIV prevalence among MSM to be an average 13 times higher than the general population.
- The world’s estimated 15 million transgender people have a disproportionate risk of acquiring HIV, with prevalence as high as 68%. The population is often ‘invisible’ – with, in 2012, less than half of National AIDS Strategies addressing transgender people.
- In 49 countries with data, HIV prevalence among PWID is at least 22 times higher than for the general population. In 11 countries, it is at least 50 times higher. According to a 2007 study, worldwide, 3 million PWID are living with HIV.

Many of the reasons for heightened vulnerability to HIV are common across these four key populations. Examples include the high levels of stigma that they experience, criminalized status, low access to appropriate health services and political marginalization. However, there are some reasons that are specific to the population in question, such as with women who inject drugs facing violence if they refuse to use a male partner’s unclean injecting equipment. There can also be differences within a key population. For example, evidence indicates that women who inject drugs experience greater risks than men, while young people – such as sex workers – are at especially high risk.

Finally, there are also frequent ‘cross-over’ factors among key populations. For example, as many as 44% of transgender people – who experience especially high levels of discrimination and low levels of support – rely on sex work as their only source of income and survival. Meanwhile, drug use is common among some communities of sex workers.

---

10 Women Who Use Drugs, Harm Reduction and HIV, Global Coalition on Women and AIDS, 2010.
Gender-based violence and key populations

GBV (as defined in Box 4 on page 5) is a global phenomenon. It is rooted in structural inequalities between men and women and characterized by the use and abuse of physical, emotional and/or financial power and control. Worldwide, an estimated one in three women has been beaten, coerced into sex or otherwise abused in their lifetime. Intimate partner violence is the most common form, with national incidence in the last year ranging from 5% to 69% among women in diverse countries.

There is also growing evidence of GBV against men and boys. This includes in conflict settings where sexual torture and rape has been used to ‘de-masculinize’ male populations. Men who experience GBV can be particularly marginalized, given the degree of isolation and shame and the frequent absence of prevention or support services for their specific needs.

In all cases, GBV is a violation of human rights, a public health challenge and a barrier to civil, social, political and economic participation. It is associated with multiple negative consequences, including adverse physical and mental health outcomes, limited access to education, increased costs relating to medical and legal services, lost household productivity and reduced income.

GBV is both a cause and effect of HIV transmission. For example, fear and/or experience of violence can undermine people’s capacity to negotiate safer sex or make good choices about injection practices, while living with or being associated with HIV can make people especially vulnerable to violence. GBV can severely limit the health and development outcomes that are aimed for/expected from effective responses to HIV. This includes all aspects of universal access to HIV prevention, treatment, care and support.

GBV cuts across ethnicity, race, class, religion, and education level. However, key populations are among those most vulnerable. For example, according to one study, nearly half (49%) of sex workers experience physical violence or forced sex. Again, there are differences within populations. For example, in comparison to men, women who inject drugs are more vulnerable to violence from intimate partners, the police and sex work clients. Similarly, young members of key populations may once more be especially at risk. According to one study, 68% of young MSM receive threats from family members or partners. Meanwhile, overall, transgender people face especially high levels of GBV. For example, transgender people living with HIV (PLHIV) in Mexico have been found to experience significantly higher levels of assault compared to the overall population of PLHIV (an already highly marginalized group). The levels are 39% (compared to 18%) for physical assault and 72% (compared to 34%) for verbal assault.

The heightened vulnerability of key populations to GBV reflects a range of causal factors. These combine on-going inequalities for women and girls with prejudice and discrimination against those – such as MSM and transgender people – perceived to transgress ‘acceptable’ gender and sexuality identities.

---

13 United States Strategy to Prevent and Respond to Gender-Based Violence Globally, USAID and Department of State, Government of the United States of America, August 2012.
16 Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs, AIDSTAR-One, USAID and PEPFAR, October 2011.
The factors, for sex workers for example, can include social isolation, lack of GBV prevention services, low self-esteem and community attitudes to ‘immorality’. They also include practical issues related to behavior. For example, sex workers based indoors may be more isolated from other sex workers and the community, making them more vulnerable to violence than those working on the streets.

In turn, key populations’ heightened vulnerability to and experience of GBV risks limiting the outcomes of HIV and related interventions. While many responses to HIV, particularly within concentrated epidemics, have increasingly used a ‘know your epidemic’ approach and focused on those most vulnerable, their potential results (in terms of universal access) will remain limited while the ‘GBV epidemic’ continues. As a practical example, studies have indicated that, due to GBV, key populations may be less able to protect themselves from HIV infection, such as by negotiating to use a condom or choosing how to inject drugs.

In many countries, key populations’ social vulnerability to GBV is fueled by legal and policy frameworks that criminalize their status or behavior. For example, laws deeming sex work or drug use illegal are in place in the majority of countries and often used to ‘justify’ violence against such populations by the police and community, creating a culture of impunity. Such a scenario adds another layer of complexity to the already immense challenge of understanding GBV and providing an appropriate response.

In recent years, GBV against women and girls has received a long-overdue and very welcome increase in profile and action – both within global policy forums and country/community programs. However, many GBV initiatives have failed to specifically recognize and/or address the additional and/or different vulnerabilities and needs of key populations. In general terms, physical violence against sex workers has long been identified as a critical issue. However, understanding and attention to wider gender-based violence against sex workers – as well as MSM, transgender people and PWID – has been under-addressed. This Annotated Bibliography represents a step forwards in filling this gap. By identifying existing training and programming resources, it contributes to an assessment of the current status of practical action on GBV against key populations. It explores ‘what needs to be done’ and what tools and resources are needed – issues that will be further explored in the subsequent Technical Paper.

Summary of rationale

The conceptual/technical framework for taking forward this AIDSTAR-Two activity will be set out more explicitly and in greater detail in the Technical Paper accompanying this Annotated Bibliography. However, in summary and based on the information provided above, the activity responds to an understanding that:

---

17 Documenting Good Practice By Sex Worker-Led Organizations : Addressing Violence Against Sex Workers, Global Network of Sex Worker Projects (NSWP), 2012
20 Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs, AIDSTAR-One, USAID and PEPFAR, October 2011.
Box 7: Summary of rationale

- **Key populations experience heightened vulnerability to GBV.** This reflects, for example, that their behaviors and identities are perceived to not conform to gender and sexuality norms and/or are prohibited or criminalized. In turn, they may experience additional stigma, discrimination and violence - by a range of perpetrators, such as community members and the police – alongside reduced access to GBV-related services and support.

- **Key populations experience heightened vulnerability to HIV.** Once again, this reflects the impact of a range of factors, including behavioral norms and the legal/policy environment. It creates additional stigma and discrimination – with multiple impacts, including in relation to increased levels of risk and reduced access to services and support.

- **Vulnerability to HIV and GBV are both associated with negative health and development outcomes.**

- **GBV and HIV are connected. So is action.** As a specific example, recent research – that used modeling among female sex workers in Kenya and Ukraine (a generalized and a concentrated HIV epidemic context) – concluded that reduced physical or sexual violence would lead to an approximately 25% reduction in HIV incidence. 21

- **Greater understanding and action on GBV against key populations will lead to greater, positive impacts in relation to HIV and other areas of health and human development.**

INTRODUCTION TO PARTS 1-4 OF ANNOTATED BIBLIOGRAPHY

The remainder of this report is divided into four parts:

**Part 1:** Training and Programing Resources on Gender-Based Violence Against Sex Workers

**Part 2:** Training and Programing Resources on Gender-Based Violence Against Men Who Have Sex with Men

**Part 3:** Training and Programing Resources on Gender-Based Violence Against Transgender People

**Part 4:** Training and Programing Resources on Gender-Based Violence Against People Who Inject Drugs

Each part has three sections:

1. **Analysis of existing resources on GBV against (the key population)**

This section provides an initial overview and analysis of the identified training and programming resources in terms of the:

- Number and breadth of resources
- Quality of resources
- Gaps in resources

---

A more detailed and systematic analysis will be provided in the Technical Paper accompanying this Annotated Bibliography.

2. Top priority existing resources on GBV against (the key population)

This section presents the top priority resources identified for the population. This refers to the resources that – through assessment against criteria and discussions among Project Partners – were identified as being of the best quality and having the greatest potential for further use, adaptation and/or replication for training and programming with (the key population). Examples of the criteria used are cited below.

Box 8: Criteria for selection of top priority resources

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Use a rights-based approach.</td>
</tr>
<tr>
<td>b.</td>
<td>Use an empowerment principle and promote collectivization ('working together').</td>
</tr>
<tr>
<td>c.</td>
<td>Are based on evidence/assessed needs and were developed by/for the key population.</td>
</tr>
<tr>
<td>d.</td>
<td>Address structural factors that affect GBV against the key population.</td>
</tr>
<tr>
<td>e.</td>
<td>Target the specific population (rather than being about key populations in general).</td>
</tr>
<tr>
<td>f.</td>
<td>Indicate potential for adaption, replication and/or scale-up in other contexts.</td>
</tr>
<tr>
<td>g.</td>
<td>Have a user-friendly and/or innovative format.</td>
</tr>
</tbody>
</table>

For each top priority resource, the following information is provided:

- Title
- Organization
- Year
- Type of resource
- Region/country
- Language
- Areas of GBV programming, using the core components of a response to GBV (see Box 6 on page 6):
  - Prevention
  - Protection
  - Accountability
- Access, providing a link to a website where the resource can be located
- Description, summarizing the nature and contents of the resource

3. List of other existing resources on GBV against (the key population)

This section lists the many other resources that, although not top priorities, might be useful for informing training and programming on GBV against (the key population). For each resource a brief summary is given, citing its title, organization, year and contents and providing a web link. As noted previously – due to identifying few ‘true’ training and programming materials, especially with a sole focus on GBV – these resources represent a broad range in terms of types (tools, reports, case studies, etc.) and content (with a main focus on violence, HIV, human rights, etc.)
1.1. Analysis of existing resources on GBV against sex workers

The terminology and methodology used for Part 1 are described in the ‘Definitions and Frameworks for Annotated Bibliography’ section of this document.

The number/breadth, quality and gaps in training and programming resources on GBV against sex workers will be analyzed in detail in a Technical Paper to follow this Annotated Bibliography. The Paper will also use that analysis to inform a suggested framework for comprehensive, good practice programs to address GBV against sex workers. Here, the following provides a preliminary ‘snap-shot’ of some of the key issues highlighted by Part 1:

**Strengths, weaknesses and quality of resources**

A very large number of resources (111) related to GBV against sex workers were identified. This was significantly more than for the other three key populations addressed by the project. This perhaps reflects that (physical) violence against sex workers is more established as an important subject for action.

The following provides an overview of the strengths, weaknesses and quality of the resources that were identified, with particular attention to those selected as top priorities. It uses the criteria outlined in the Introduction section of this Annotated Bibliography, in terms of the extent to which the resources:

a. **Use a rights-based approach.**

All of the resources identified as top priorities in Part 1 respond to the importance of a human rights-based approach. A strong example is the case study on SANGRAM’s Collectives [top priority resource 1]. This documents and advocates for a rights-based approach to help marginalized groups, including sex workers, to help one another and to live and work in safety. It focuses on the work of VAMP – a collective addressing human rights violations, including GBV.

b. **Use an empowerment principle and promote collectivization (‘working together’).**

All of the resources identified as top priorities in Part 1 also promote an empowerment approach. As noted above, the case study on SANGRAM’s Collectives [top priority resource 1] provides an example of a response to GBV that is by and for sex workers themselves.

Many of the resources also emphasize the use of participatory approaches, such as addressing GBV within processes of community dialogue on a range of gender, health and development issues. A key example is the adaptation of Stepping Stones: A Training Package on HIV/AIDS Communication and Relationship Skills specifically for sex workers in Karnataka, India [non-top priority resource 3].

A number of resources offer practical advice for peer educators and/or sex workers, including on how to stay safe and how to know/use your rights. Examples include Don’t Become a Victim by the International HIV/AIDS Alliance in the Ukraine [non-top priority resource 15].
c. Are based on evidence/assessed needs and were developed by/for the key population.

The top priority resources in Part 1 are all either developed by sex workers or benefitted from their active involvement. They are all rooted in evidence.

Some resources – notably those by the Global Network of Sex Work Projects (NSWP) and Asia Pacific Network of Sex Work Projects (APNSW) [see top priority resources 2 and 4] – provide high quality, evidence-based case studies of good practice and cite the components involved in such programs. While not training or programming materials per se, they provide invaluable examples of ‘what can be done’ and ‘what works’ (such as using multiple types of interventions, promoting a human rights-based approach and emphasizing the empowerment of sex workers).

Many of the resources – notably those selected as top priorities – demonstrate understanding of the factors that contribute to violence against female sex workers. However, they show less analysis of issues such as the factors that: contribute to the vulnerability of male and transgender sex workers (such as poverty, class and gender inequality); and can lesson people’s personal risk to violence (such as literacy skills and the ability to use the internet and other technology).

d. Address structural factors that affect GBV against the key population.

While recognizing the immense challenge of working within oppressive legal and policy environments, very few of the identified resources provide clear strategies to address structural violence. None of them provide any ‘how to’ for advocating for change in policy, law and the social environment.

e. Target the specific population (rather than being about key populations in general).

The majority of the resources in Part 1 are specific to sex workers (as opposed to key populations in general). However, while those selected as top priorities address a range, a large proportion of the resources are designed for female sex workers, as opposed to those that are male, MSM or transgender.

Some of the resources address specific circumstances for sex work, including working indoors [such as non-top priority resource 7 by the Indoors Project] and brothels [such as non-top priority resource 6 by the Synergy Project]. These often respond to the specific and different types and levels of GBV related to such situations.

f. Indicate potential for adaption, replication and/or scale-up in other contexts.

The resources in Part 1 reflect a range of needs and, in turn, a range of strategies to address GBV – by sex workers themselves, sex worker organizations, law enforcement officials and others. Some promote specific, violence-focused good practice, such as the development of Ugly Mugs projects in the UK [see non-top priority resource 8] and crisis response systems in India [see non-top priority resource 2].

Some reflect the integration of GBV within wider, comprehensive programs for sex workers. Examples include the: case study of SANGRAM, India, and its rights-based program to build sex worker collectives [top priority resource 1]; Stepping Stones training package by the Karnataka Health Promotion Trust (KHPT), India [non-top priority resource 3]; and manual for health care workers by the Desmond Tutu AIDS Foundation, South Africa [non-top priority resource 32].
A notable number of resources and good practice responses came from India – reflecting the quality of initiatives, but also, perhaps, the allocation of donor resources to document and learn from them. A key example is the Avahan project – which has developed a set of detailed program guides on how to design and implement a crisis response system for key populations, including sex workers [non-top priority resource 2].

The strategy pioneered in India – and the Asia Pacific region as a whole – of combining collectivization, rights and empowerment has significant potential to be replicated in other settings. However, it is often dependent on there being considerable capacity building of key people within the sex worker communities.

Overall, the resources for Part 1 were identified from a range of different organizations (from sex worker groups to international donors), contexts (such as generalized and concentrated HIV epidemics) and countries (including in both the global ‘North’ and ‘South’). However, only a modest number were ‘true’ training or programming materials, such as workshop guides, practical guidelines, budgeting tools or monitoring indicators. However, many of them have strong potential to inform such resources and to be adapted to different contexts. Some, however, might be challenging to use elsewhere, such as if they were developed within a relatively supportive environment [such as New Zealand and Belgium – see non-top priority resources 23 and 24], as opposed to a more punitive context.

Many of the identified resources are highly relevant to their contexts – having been developed through the involvement of sex workers. Examples include the sex worker handbooks developed by Chez Stella, Canada, and SCOT-PEP, Scotland [see non-top priority resources 19 and 43].

Some of the resources are highly accessible, using clear and user-friendly formats. Examples include: 9 Lives: Surviving Sexual Assault in the Sex Industry – a guide for sex workers by the Sex Workers Outreach Project (SWOP), Australia, with clear information and comic strips [non-top priority resource 10]; and the Sex Work Toolkit – an online resource for sex workers, clients, residents and local businesses by the Community Initiative for Health and Safety (CIHS), Canada [non-top priority resource 12]. Some use highly innovative formats, such as an animated video for transgender sex workers by MPLUS, Thailand [top priority resource 2] – which can be used for multiple purposes, such as for training sex workers or for advocacy with the public, including among non-literate communities.

Other examples of innovation include: an e-empowerment forum for sex workers by the Indoors Project, Europe [non-top priority resource 7]; and a violence body mapping activity by the Bolivian Network of People Living with HIV (REDBOL) [non-top priority resource 13]. Such formats aim to be user-friendly, appealing to the sex workers in question and responding to specific challenges, such as low levels of literacy or the need to access support discretely.

Of note, however, few of the resources provide a step-by-step guide for developing and implementing programs to respond to GBV against sex workers. Exceptions include: Sex Work, Violence and HIV: A Guide for Programs with Sex Workers by the International HIV/AIDS Alliance [non-top priority resource 1] – which takes users through background information before focusing on the principles, strategies and services for addressing GBV against sex workers; Making Sex Work Safe by the Global Network of Sex Work Projects (NSWP) [non-top priority resource 5]; the guide by the United Nations Population Fund (UNFPA) and United Nations Joint Program on AIDS (UNAIDS) which, based on experiences in Namibia,
provides a guide to designing and implementing a needs assessment by and with sex workers, including attention to issues of violence [non-top priority resource 9].

Based on those identified for the Annotated Bibliography, a number of types of resources for addressing GBV against sex workers seem to be absent or under-developed. Examples include resources that:

- Support **practical and participatory capacity building** on GBV against sex workers, such as facilitators’ guides, session plans and group activities.
- Provide **practical, step-by-step program tools** – such as frameworks, planning tools, indicators and budgeting tools – to develop and implement interventions to respond to GBV against sex workers.
- Facilitate connection of sex worker projects to **wider GBV services**, such as through the development of referral systems or the training of GBV services to be ‘sex worker friendly’.
- Target **people associated with sex workers**, including the **perpetrators of GBV against them**. While many resources promote work with sex workers themselves and the police, few appear to target clients, pimps or intimate partners.
- Make use of **‘new’ technologies** (such as mobile phones and the internet), while also providing capacity building to sex workers in how to use them effectively.

In addition, a number of subject areas seem to be absent or **under-addressed** in many of the existing resources. Examples of these include:

- The **structural factors** (such as the legal and policy environment) that facilitate or prevent effective action on GBV against key populations. There is a need to support capacity building for decision-makers in organizations, donors, peer educators and sex workers on using collective action, human rights and strategic lobbying in relation to GBV.
- How to engage **male sex workers** and build their advocacy and lobbying skills to secure safe places to work. Also facilitation guidelines for conducting focus group discussions with male or transgender sex workers on the top of male vulnerability to violence.
- **Intimate partner violence** – in addition to violence by clients and the police experienced in the context of sex work.
- **The non-physical dimensions of violence**, such as the emotional impact experienced as well as physical harm.
- **How to respond to the ‘gender dimensions’** of GBV – in terms of not only preventing/addressing acts of violence, but taking action on the negative gender norms and practices that fuel GBV against sex workers.
- **GBV against specific types of sex workers**. Some resources address groups of sex workers that have heightened vulnerability to GBV. However, overall, few address the specific needs of groups such as sex workers who are adolescents, male, transgender, living with HIV or PWID.

Many of the resources appear to lack a systematic **evidence-base**, such as in terms of data to demonstrate the scale/nature of the need being addressed and the efficacy of the approach taken. Overall, there appears to be a gap between the ‘true’ training and programming materials identified (and included in the priority resources) and the more research/academic-orientated materials (some of which are included in the ‘other’ resources). An example of an exception is the crisis response system developed by the Avahan project in India [non-top priority resource 2] which – through operations research and data collection – has benefited from being piloted, implemented, scaled-up and continuously improved.
1.2. Top priority existing resources on GBV against sex workers

The following pages present the training and programming resources identified as top priorities – in terms of having the greatest potential for adaptation, replication and/or scale-up for responses to GBV against sex workers.

1. **SANGRAM’s Collectives**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Sampada Grameen Mahila Sanstha (SANGRAM), Veshya Anyay Mukti Parishad (VAMP) and AIDSTAR-One/USAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2011</td>
</tr>
<tr>
<td>Region/country:</td>
<td>India</td>
</tr>
<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Access:</td>
<td><a href="http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_CaseStudy_GenderMARPs_SANGRAM_India.pdf">http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_CaseStudy_GenderMARPs_SANGRAM_India.pdf</a></td>
</tr>
<tr>
<td>Description:</td>
<td>Case study of SANGRAM’s rights-based approach to help marginalized groups (sex workers, MSM and transgender people) to help one another and protect their rights to live and work in safety, prevent HIV/STIs, avoid violence and increase access to services. Outlines the background to the project, including the legislative environment and linkages between physical violence and HIV risk. Describes SANGRAM’s 10 rights-based steps to developing sex worker collectives. Focuses on VAMP – a collective addressing human rights violations, including GBV. Its work includes peer education (in red light districts and for street and home-based sex workers), working with the police and providing community safety nets (to deal with instances of violence and harassment). Other SANGRAM projects include Muskan (Smile) – a program for MSM, including male sex workers, kothis, hijras, and bisexual men - which uses a rights-based approach to providing support and preventing HIV and violence. Muskan’s activities include safe spaces, peer education, immediate response to incidents of violence and placing a social worker at the local hospital. Case study concludes that ‘what works’ includes: a rights-based approach and community self-advocacy; recognition of sex work as a profession; and advocating for sustainable improvements in health services.</td>
</tr>
</tbody>
</table>

2. **Documenting Good Practice by Sex Worker-Led Organisations: Addressing Violence Against Sex Workers**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Global Network of Sex Worker Projects (NSWP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2012</td>
</tr>
<tr>
<td>Region/country:</td>
<td>Global</td>
</tr>
<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description:</td>
<td>Guide that (on page 2) summarizes the causal factors of GBV against sex workers, including: criminalization of sex workers, clients and activities; fear of policies/laws; isolation and lack of protection; police crackdowns and raids; preaching on ‘immorality’; and low self-esteem. Page 3 gives examples of the characteristics of good practice, including: collectivization; rights-based programming; involvement of sex workers; leadership development; peer-led strategies; challenging criminal laws; involvement of sex workers in local and national strategy/planning groups; and development of educational resources. These and other strategies are illustrated through a series of case studies on: Committee for the Civil Rights of Prostitutes, Italy; Health Options for Young Men on HIV, AIDS and STIs, Kenya; Sisonke, South Africa; Keeping Alive Societies’ Hope, Kenya; Guyana Sex Work Coalition, Guyana; St James Infirmary, USA; Tais Plus, Kyrgyzstan; Legal Life, Ukraine; Movimiento de Trabajadora Sexuales del Perú, Peru; Tamaulipas Diversidad Vidha Trans A.C., Mexico; African Sex Workers Alliance Zimbabwe – Thubelihle, Zimbabwe; and Veshya Anyay Mukti Parishad, India.</td>
</tr>
</tbody>
</table>
### 3. *Teaching Transgender Victims of Sexual Violence how to Access Legal Rights in Chiang Mai, Thailand*

**Organization:** MPLUS  
**Type of resource:** Information material (video)  
**Region/country:** Thailand  
**Language:** Thai with English subtitles  
**Areas of programming:** 2. Protection; 3. Accountability  
**Access:** [http://www.youtube.com/watch?v=LQ4rBi2o1qk&feature=channel](http://www.youtube.com/watch?v=LQ4rBi2o1qk&feature=channel)  
**Description:** Animation video for transgender sex workers on what to do if sexually assaulted. It informs viewers of their legal and sexual rights and how to access local free legal counseling services.

### 4. *The HIV and Sex Work Collection: Innovative Responses in Asia and the Pacific*

**Organization:** Asia Pacific Network of Sex Workers (APNSW), United Nations Population Fund (UNFPA) and United Nations Joint Program on AIDS (UNAIDS)  
**Year:** 2012  
**Type of resource:** Good practice report  
**Region/country:** Asia Pacific  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Description:** Collection of detailed case studies on key issues affecting sex workers (female, male, MSM and transgender). Analysis addresses how efforts to respond to violence against sex workers have demonstrated: significant reduction in violence; increased condom use, reduced STIs and improved access to HIV prevention and treatment services for sex workers; and better health and social outcomes for sex workers. Lists the features of effective anti-violence programs, including: having a safe space to share experiences, exchange protective strategies and solve problems; forming partnerships between sex workers and key local stakeholders, including police, venue/brothel owners, community leaders, long-term partners and clients, lawyers, human rights institutions and health care providers; building the capacity of sex workers to case manage incidences of violence, including counseling and referral; developing mechanisms to document incidents of violence and provide or refer individuals to services (such as post-exposure prophylaxis, counseling, legal assistance and shelter); and implementing community-based education that addresses stigma, exclusion and marginalization of sex workers. Also emphasizes the need to tackle and police laws to address GBV against sex workers, citing relevant recommendations by the Global Commission on HIV and the Law. Includes multiple cases studies, with those most relevant to GBV including:  
- (Pages 57-67) Service Workers in Group (SWING), Thailand, whose projects have included: an internship program for police cadets; and Rights Protection Volunteers for sex workers (involving a baseline survey on GBV, liaison with the police, provision of legal aid and training/outreach by sex workers trained as Rights Protection Volunteers).  
- (Pages 94-102) Durjoy Nari Sangha, Bangladesh, whose project aims to: prevent violence by mobilizing and building capacities of sex workers and community partners, including clients, police, local business men and religious leaders; mitigate violence by ensuring that sex workers who experience violence can access legal, health and protection services; and respond to violence by tackling barriers to reporting violence, enhancing access to legal support and improving the responsiveness of law enforcement and judiciary systems. First phase of project involved: recruiting sex workers as project staff; mapping services and developing partnerships with service providers; developing a toolkit for case management; training staff, such as in community mobilization, counseling, GBV and program management; identifying and training members of the
community to be on Violence against Sex Workers Committees. Project now features: community mobilization focused on men; referrals to free GBV services (such as emergency medical treatment, legal aid, shelter, a hotline and counseling); and advocacy, such as with the police and decision-makers for a supportive environment. Project has reduced incidence and increased reporting of GBV.

- (Pages 139 - 145) Survival Advocacy Network (SAN), Fiji, whose work with female and transgender sex workers includes a legal rights project, aiming to reduce violence and improve sex workers’ knowledge of their rights and access to redress and protection. Project focuses on: legal rights training; access to legal services; and police liaison. Project has reduced violence by the police.

### 5. Power of the Collective

**Organization:** Veshya Anyay Mukti Parishad (VAMP)

**Year:** 2012  
**Type of resource:** Film  
**Region/country:** India  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Access:** [http://vimeo.com/40236081](http://vimeo.com/40236081)  
**Description:** Film on the benefits of collectivization among sex workers, including in terms of empowerment to report violence and violations of rights.

### 1.3. List of other existing resources on GBV against sex workers

The following are other resources identified for the Annotated Bibliography that might be useful for informing training and programming on GBV against sex workers. Resources 1 – 18 were 'short-listed' as potential top priority resources and, as such, feature a more detailed description than the others:

#### 1. Sex Work, Violence and HIV: A Guide for Programs with Sex Workers

**Organization:** International HIV/AIDS Alliance  
**Year:** 2008  
**Type of resource:** Program guide  
**Region/country:** Global  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Access:** [http://www.aidsalliance.org/includes/Publication/Sex_work_violence_and_HIV.pdf](http://www.aidsalliance.org/includes/Publication/Sex_work_violence_and_HIV.pdf)  
**Description:** Detailed guide for organizations implementing HIV projects with sex workers or providing funding and technical support to such work. It aims to help organizations to understand and assess the importance of taking violence into account; and to design and carry out activities to prevent and respond to GBV. Part 1 (Understanding Violence in the Context of Sex Work): provides definitions of violence; explores the links between HIV and violence; discusses the challenges involved in ensuring violence is addressed in HIV programs; and provides a detailed understanding of violence in relation to sex work. Part 2 (Tackling Violence Against Sex Workers) focuses on:

- Basic principles for addressing GBV, such as: ask sex workers to identify the problem; start with what sex workers are already doing; and address GBV against sex workers as part of HIV projects.
- Strategies and services used by sex workers. This addresses: individual and group-based strategies by sex workers (with page 26 providing a list of example activities); provision of violence-related services to sex workers; working with sex trade associates; targeting general attitudes towards sex workers and violence; and the law and sex work.

<table>
<thead>
<tr>
<th>Organization: Avahan and Bill and Melinda Gates Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year:</strong> 2009; 2009; 2013</td>
</tr>
<tr>
<td><strong>Region/country:</strong> India (6 States)</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong> 2. Protection; 3. Accountability</td>
</tr>
</tbody>
</table>


**Description:** Report on Avahan’s work to integrate crisis response systems into broader programs with sex workers, MSM, transgender people and PWID. Systems aim to address incidents of violence, act as a deterrent and tackle longer-term issues of crisis. They are implemented by trained teams of key populations. Common actions include: responding to incidents of violence (by police, members of the public, intimate partners or family) immediately; counseling individuals in a crisis to ensure psychosocial, medical and resource support; resolving family or community issues; having a lawyer on call to support negotiations with authorities and train communities on legal rights; reporting and documenting incidents of violence and the actions of the response system; advocacy, including networking with other rights groups and sensitizing police; building relationships with the media to improve public perception about key populations. Report provides multiple case studies of partners operationalizing systems for different types of violence against key populations.

Guide to implementation provides a step-by-step guide to a crisis response system.

(Draft) detailed guidelines update the guide to implementation. The first section provides background information and takes users through the steps involved: 1. Assess the need for and nature of crisis response; 2. Organize the crisis response team; 3. Train the team members; 4. Implement crisis response; 5. Report and analyze data; 6. Educate the key population and the police; 7. Build public acceptance and support for crisis response; and 8. Manage crisis response and integrate it with advocacy. The second section outlines best practices from Avahan’s programs addressing: the structure of crisis response; who should be on the team; the infrastructure expenses; how team members are selected; how long team members serve for; how team members are supported; legal support; advocacy committees; steps in response to a crisis; and communication system. The third section includes example materials that can be adapted/replicated, such as: crisis incident report card; hotline card; position description for members of advocacy committee; and crisis incident register.

3. *Stepping Stones: A Training Package on HIV/AIDS Communication and Relationship Skills: Adapted for Women in Sex Work; and Operational Guidelines for Implementing Stepping Stones with Women in Sex Work*

<table>
<thead>
<tr>
<th>Organization: Stepping Stones and Karnataka Health Promotion Trust (KHPT)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year:</strong> 2008</td>
</tr>
<tr>
<td><strong>Region/country:</strong> India</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong> 1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
</tbody>
</table>

Description: Training package for facilitators for workshops on HIV, communication and relationship skills for female sex workers. Session F (Let’s Look Deeper) addresses why people behave how they do and includes:

- Exercise F.5: Violence – enabling participants to think about ways in which people mistreat each other and to distinguish between mistreatment using physical force and other forms. It uses role plays, questions and discussion and provides information about different types of abuse (emotional, psychological, financial, physical and sexual). Activity involves listing different types of people who use violence against sex workers.
- Exercise F.6: When People Get Violent – enabling participants to think about sources of help for sex workers who are abused physically, how to seek help and ways to strengthen support to abused women. Activity involves discussing what sex workers can do when faced with violence from different types of people, then developing a services and opportunities map – showing different types of formal and informal sources of support. Provides information about things to consider in relation to different sources of support, such as the police, health workers and religious leaders.
- Exercise F.8: The Act and the Impact – enabling participants to understand the legislation that impacts their life, including in relation to violence and human rights abuses.

Operational guide takes facilitators through the practical steps of preparing for, implementing and monitoring Stepping Stones training with sex workers.

4. Making Sex Work Safe

**Organization:** Cheryl Overs and Andrew Hunter for Global Network of Sex Work Projects (NSWP)

**Year:** 2011

**Type of resource:** Program guide

**Region/country:** Global

**Language:** English and other languages (such as French, Spanish and Russian)

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability

**Description:** Guide for people providing services and mobilizing on health issues for sex workers. Outlines key principles and discusses responses to the range of sex workers’ needs and safety in commercial sex. Provides case studies of NGOs and community groups. Uses a comprehensive definition of ‘safety’ in the context of sex work. Integrates attention to GBV throughout, including within ‘What do sex workers need to support working safely?’, and the development of education materials and health promotion in clinics. Pages 79-80 outline key anti-violence activities focused on: raising awareness; personal and community security; support; and advocacy. Also, versions in:

- French (for North/West Africa): [http://www.aidsalliance.org/includes/Publication/MSWS_FR.pdf](http://www.aidsalliance.org/includes/Publication/MSWS_FR.pdf)
- Spanish: [http://www.who.int/hiv/topics/vct/sw_toolkit/haciendo_el_trabajo_sexual_seguro.pdf](http://www.who.int/hiv/topics/vct/sw_toolkit/haciendo_el_trabajo_sexual_seguro.pdf)
- Russian: [http://issuu.com/nswp/docs/mswsrussian](http://issuu.com/nswp/docs/mswsrussian)

5. Augusta’s Way: Security

**Organization:** Transnational AIDS/STD Prevention Amongst Migrant Prostitutes (TAMPEP)

**Year:**

**Type of resource:** Information material

**Region/country:** Europe

**Language:** English

**Areas of programming:** 1. Prevention


**Description:** Two-page comic strip leaflet for sex workers, with practical advice on avoiding violence and working safely on the street, with tips on how to dress and using objects for self-defense.
6. **Room for Change - Preventing HIV in Brothels: A Research-Based Field Resource**  
*Organization:* The Synergy Project and University of Washington  
*Year:*  
*Region/country:* Global  
*Type of resource:* Program guide  
*Language:* English  
*Areas of programming:* 1. Prevention; 2. Protection; 3. Accountability  
*Access:* [http://www.who.int/hiv/topics/vct/sw_toolkit/Preventing_HIV_AIDS_in_Brothels_Synergy.pdf](http://www.who.int/hiv/topics/vct/sw_toolkit/Preventing_HIV_AIDS_in_Brothels_Synergy.pdf)  
*Description:* Research-based guide for implementers of programs for brothel-based female and male sex workers. (As summarized in a diagram on page 4), integrates attention to GBV into four causal levels – individual, community, societal and institutional (brothel) – that influence the behavior of sex workers, gatekeepers and clients. Goes through each level, providing analysis and key points for the design of effective interventions. Includes case studies of Sonagachi (India), IMPACT (Cambodia) and SWEAT (South Africa) – each including components to address GBV. Table on pages 137-140 provides a summary tool for identifying strategies to address selected key issues at each causal level.

7. **Indoor Sex Work: Analysis and Good Practice Manual on Indoor Sex Work Settings in Seven European Cities**  
*Organization:* Indoors Project  
*Year:* 2010  
*Region/country:* Europe  
*Type of resource:* Program guide  
*Language:* English  
*Areas of programming:* 1. Prevention; 2. Protection; 3. Accountability  
*Description:* Comprehensive guide to support harm/violence reduction and empowerment of indoor-based sex workers (female, male, MSM and transgender). Outlines the legal and structural environment, profile of workers and organization of work. Includes a section (pages 48-54) on violence – addressing the forms/perpetrators, indicators and strategies to respond. The later focuses on self-defense and legal strategies. Includes case studies from European sex workers’ organizations, describing a range of strategies to address GBV, such as: facilitating e-empowerment forums; developing information materials (such as pocket booklets, CD-ROMs and MP3); providing training (including to domestic violence organizations and shelters); developing client guides; and developing organizational guidelines.

8. **National Ugly Mugs Pilot Scheme; and Good Practice Guidance: Ugly Mugs and Dodgy Punters**  
*Organization:* UK Network of Sex Work Projects (UKNSWP)  
*Year:* 2012 and 2008  
*Region/country:* UK  
*Type of resource:* Information material (website) and good practice report  
*Language:* English  
*Areas of programming:* 1. Prevention; 3. Accountability  
*Description:* Website for government-funded project to identify violent clients. Provides opportunities to sign-up for the project, receive alerts, and report violent clients on-line. Provides practical information on safety within sex work, with tabs specifically focused on male and transgender sex workers. Report provides guidance to sex work projects about how to establish and operate an ugly mugs scheme.
<table>
<thead>
<tr>
<th>9.</th>
<th><strong>Sex Work and HIV - Reality on the Ground: Rapid Assessments in Five Towns in Namibia</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong></td>
<td>Matt Greenall for United Nations Population Fund (UNFPA) and United Nations Joint Program on AIDS (UNAIDS) Namibia</td>
</tr>
<tr>
<td><strong>Year:</strong></td>
<td>2011</td>
</tr>
<tr>
<td><strong>Type of resource:</strong></td>
<td>Research report / Training guide</td>
</tr>
<tr>
<td><strong>Region/country:</strong></td>
<td>Namibia</td>
</tr>
<tr>
<td><strong>Language:</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Report of the results of rapid assessments on sex work and HIV conducted by sex workers, with attention to issues of GBV. Includes: Annex 1 (pages 30-42) – providing a guide for facilitating a workshop to: train teams of sex workers and HIV program managers in rapid assessment techniques; develop comprehensive guides for rapid assessments; and plan rapid assessments; Annex 2 (pages 45-53) – providing a rapid assessment toolkit, including practical guidance (on how to plan, coordinate and implement an assessment) and tools, such as for recording the findings of focus group discussions; and Annex 4 (pages 54-69) – providing a guide for facilitating a feedback meetings after rapid assessments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.</th>
<th><strong>9 Lives: Surviving Sexual Assault in the Sex Industry</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong></td>
<td>Sex Workers Outreach Project (SWOP)</td>
</tr>
<tr>
<td><strong>Year:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of resource:</strong></td>
<td>Information material (booklet for sex workers)</td>
</tr>
<tr>
<td><strong>Region/country:</strong></td>
<td>Australia</td>
</tr>
<tr>
<td><strong>Language:</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong></td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Booklet for sex workers providing clear information, including key points and comic strips, about safety and anti-violence. Has sections on: recognizing violence; sexual violence in sex work; what to do if you are assaulted; helping each other; going to the police; who else can help; your rights and responsibilities; feelings after a sexual assault; your entitlements; and where to get information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11.</th>
<th><strong>Sexual, Human and Legal Rights for Chiang Mai’s Men that Have Sex with Men (MSM), Male Sex Workers (MSW) and Transgender (TG) Communities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong></td>
<td>MPLUS, BABSEA CLE and the Open University</td>
</tr>
<tr>
<td><strong>Year:</strong></td>
<td>2011</td>
</tr>
<tr>
<td><strong>Type of resource:</strong></td>
<td>Training guide</td>
</tr>
<tr>
<td><strong>Region/country:</strong></td>
<td>Thailand</td>
</tr>
<tr>
<td><strong>Language:</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong></td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Guide for peer and outreach workers with information about the legal, sexual and human rights of male sex workers, MSM and transgender people. Gives information on laws and human rights. Has a unit (9) on what to do if rights are violated, how to report a crime and where to go for help.</td>
</tr>
</tbody>
</table>
### 12. Sex Work Toolkit

**Organization:** Community Initiative for Health and Safety (CIHS)  
**Year:**  
**Region/country:** Canada (Vancouver)  
**Type of resource:** Online toolkit  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Access:** [http://livingincommunity.ca/toolkit/](http://livingincommunity.ca/toolkit/)

**Description:** Online toolkit addressing sex work and sexual exploitation in an inclusive and respectful way and seeking better outcomes for residents, businesses and sex workers. Includes a ‘Tools for Sex Workers’ tab, with a detailed list of trade secrets for keeping safe. Also includes a ‘Tools for Customers’ tab, with a ‘Respect and No Violence’ section, featuring a ‘Know what assault is’ checklist.


**Organization:** Gracia Violeta Ross for the Bolivian Network of People Living with HIV (REDBOL)  
**Year:** 2012  
**Region/country:** Bolivia  
**Type of resource:** Presentation  
**Language:** English  
**Areas of programming:**


**Description:** E-poster sharing research among female sex workers, transgender women and women living with HIV. Focuses on the use of a body mapping tool, with participants mapping the marks of violence on drawings of their bodies and discussing feelings and identity.


**Organization:** World Health Organization (WHO) and United Nations Joint Program on AIDS (UNAIDS)  
**Year:** 2010  
**Region/country:** Global  
**Type of resource:** Good practice report  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  

**Description:** Report providing extensive evidence on the links between GBV and HIV and on interventions to address GBV. Makes recommendations focusing on: using combination interventions; understanding how addressing violence against women and HIV adds value to programs; seeing action on GBV and gender inequality as key programmatic components of HIV prevention; and understanding that cultural norms can change, with programs having a measurable impact. Includes case studies on:

- **Avahan/Karnataka Health Promotion Trust (KHPT), India** – a program implemented at three levels: 1. Sex workers; 2. Police, lawyers and media; and 3. Advocacy to transform the policy environment. Level 1 included: developing their understanding of gender, violence and rights; building self-esteem and collective identity; and establishing a crisis management system. Level 2 included sensitization of police, lawyers, media and civic groups. Level 3 included documentation of violence and advocacy with district AIDS committees, police and elected representatives.

- **Protirodh, Bangladesh** – a program supporting sex workers through solidarity, learning, networking, services and advocacy. Works with 7,500 brothel-based and street-based sex workers to build skills in finance, advocacy, leadership and responding to violence through support and self-help groups. Program is supported by structural interventions, such as: committees of trained sex workers who identify cases of violence and provide survivors with counseling and referrals; community watchdog committees of shop owners, rickshaw pullers and guards, who alert women to GBV and help raise public awareness around violence; and support groups of health professionals, journalists, police and NGOs to ensure community-based legal aid, counseling and
The program also works to increase sex workers’ engagement in advocacy at district and national levels, and connect them with national networks of human rights organizations.

The report also highlights how adolescents who sell sex are especially vulnerable to violence, but often not addressed by HIV or GBV programs. It recommends that: programming must recognize that sex workers experience violence from a range of perpetrators; the response should not be limited to sex workers; and approaches to assist adolescents who sell sex must be prioritized.

15. Don’t Become a Victim

**Organization:** International HIV/AIDS Alliance in the Ukraine  
**Year:** 2012  
**Type of resource:** Information material (guide for sex workers)  
**Region/country:** Ukraine  
**Language:** Russian  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Description:** Comprehensive guide for sex workers providing practical information on areas such as legal provisions, how to be vigilant, how to behave with clients and what to do if someone uses violence against you. Also addresses issues such as how to prevent STIs.

16. Research for Sex Work

**Organization:** Global Network of Sex Work Projects (NSWP)  
**Year:** 2010  
**Type of resource:** Research bulletin  
**Region/country:** Global  
**Language:** English and Russian  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Description:** Collection of research papers on violence against sex workers (female, male, MSM and transgender). Case studies on:

- **Sex Workers’ Rights Advocacy Network of Eastern Europe and Central Asia (SWAN)** – which carried out research in 11 countries, highlighting the prevalence of police violence and negative impacts of police crackdowns and oppressive legislation.
- **Armistead Street, UK** – which: partners with the police to have violence against sex workers treated as hate crimes; has an Independent Sexual Violence Advisor who provides training and support to the survivors of violence; uses a victim-centered approach, including intensive support for court cases; and operates an ugly mug (bad date) system to report incidents of violence.
- **JJJ Association and Zi Teng, Hong Kong** – which combine: encouraging sex workers to network, support each other, install security cameras and develop panic alarm systems; creating public awareness, including through the media; and advocacy to the police.
- **Colectivo Hetaira, Spain** – which advocates for the labor rights of people who sell sex.
- **Sex Workers Project (SWP), New York** – which offers legal and social services to sex workers and assists survivors of violence, with members developing practical strategies to keep safe during work.
- **Cambodian Prostitute Union (CPU), Cambodia** – whose work highlights intimate partner violence (fuelled by cultural issues and poor law enforcement) and includes providing education to sex workers and abusive husbands about domestic violence law, providing counseling, assisting women to make formal complaints, providing safe shelter and referring sex workers for legal support.
- **Toronto Sex Workers Action Project, Canada** – whose work includes combating the effects of criminalization and colonialism on Aboriginal sex workers, including through peer outreach and
partnering with anti-violence programs.

Also includes a case study on the high levels of violence against transgender sex workers (by clients, the state and intimate partners) – sharing the recommendations of the International Congress on Gender Identity and Human Rights, Barcelona, June 2010. These were that governments should: recognize and condemn as human rights violations all cases of trans-related violence; investigate such cases (including when perpetrated by the state); provide fully funded trauma counseling and care for survivors; enact laws providing protection; provide free and equal access to the justice system; and provide administrative, security and legal personnel with sensitivity training on trans issues and rights.

17. HIV Communication for MSM, SWs and Peer Educators in Jamaica

**Organization:** Communication for Change (C-Change), USAID/PEPFAR

**Year:** 2011

**Type of resource:** Meeting report

**Region/country:** Jamaica/Caribbean

**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** General report from action media workshops on peer programs to reach MSM and sex workers, based on training, community mobilization and program/materials development. Refers to violence throughout, within the context of wider issues. Includes tools (such as ‘Mapping A Day in the Life’) to document and explore the issues faced by MSM and sex workers.

18. Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs

**Organization:** President’s Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID)

**Year:** 2011

**Type of resource:** Program guide

**Region/country:** Global

**Language:** English, French, Spanish, Portuguese and Swahili

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Guide framed by key program planning steps within which to address GBV: conduct a situational analysis; employ a rights-based and gender-sensitive approach; plan for and support community participation; pay special attention to the needs of young people; identify MARPs; develop a work plan; establish an M&E framework and plan; and budget. Emphasizes the principle of ‘do no harm’ within programs for key populations, including MSM. This includes through: ongoing staff training; challenging stakeholders on stigma; establishing safe virtual and physical spaces to seek information and referrals; and addressing gender barriers to accessing post-exposure prophylaxis. Pages 24-25 provide a ‘menu’ of key actions – including in direct service provision, community mobilization and advocacy – to address GBV against key populations. Page 31 cites specific actions (community-based, health facility-based and structural) within HIV preventions program. Includes lists of useful resources.


[http://library.catie.ca/PDF/ATI-20000s/21180.pdf](http://library.catie.ca/PDF/ATI-20000s/21180.pdf)
20. **Cambodia - Addressing HIV Vulnerabilities of Indirect Sex Workers During the Financial Crisis: Situation Analysis, Strategies and Entry Points for HIV/AIDS Workplace Education**, International Labour Organisation (ILO) and Union Aid Abroad – APHEDA, Cambodia, 2011. Report of a situational analysis on the vulnerabilities of entertainment workers in Phnom Penh. Includes useful annexes on addressing GBV. These include: minutes of a Tripartite Partners Consultative Meeting on addressing HIV vulnerability of indirect sex workers (sharing the perspectives of business stakeholders, government and workers/unions); and a code of conduct for beer promoters to improve the health, safety and working conditions of ‘beer girls’.


21. **Project SAFE, Project SAFE, USA.** Website for sex workers, including a: ‘Safety Tips’ tab with practical advice on how to prepare for and carry out sex work (such as having a buddy system); and ‘Rape and Assault’ tab with practical advice on what to do if you are assaulted or raped and how to file a police report. Also promotes a Bad Date Alert system for sex workers to report violent clients.

http://www.safephila.org/safe.htm

22. **Eliminating Violence against Sex Workers: Thematic Discussion Paper**, Cheryl Overs, Global Network of Sex Worker Projects (NSWP)/Thematic Task Team on Eliminating Violence against Sex Workers, Asia and Pacific Regional Consultation on HIV and Sex Work, 2010. Paper advocating for attention to the vulnerability of sex workers (female, male, MSM and transgender) to violence, in the wider context of gender and stigma. Gives a comprehensive definition of violence, emphasizing the range of potential perpetrators and the connection to vulnerability to HIV and STIs. Includes a comprehensive list of the immediate actions needed, such as: governments speaking out against GBV against sex workers and including it in all relevant programs; training and sensitizing police and other law enforcement officers; setting up drop-in centers to provide training and support on human rights and violence prevention; supporting sex workers who have faced violence to move from ‘victim’ to ‘survivor’ through harm and trauma-reduction strategies; developing warning systems about dangerous clients; documenting instances of violence; training outreach workers; sensitizing agents (pimps) in violence prevention; and targeting clients of sex workers through mass media and behavior change communication. Also lists the long-term actions needed, such as: governments ensuring a supportive structural/legal environment; decriminalization of sex work; and the development of partnerships, such as between sex worker groups and women’s groups.


23. **A Guide to Occupational Health and Safety in the New Zealand Sex Industry**, Scarlet Alliance and Occupational Safety and Health Service, Department of Labour, New Zealand Government, 2004. A comprehensive guide to occupational health and safety in sex work. Includes: (page 82) a fact sheet on safety and security guidelines for sex workers; (page 52) the responsibilities of an employer towards sex workers’ safety and security from violence; (page 53) examples of procedures with threatening clients; and (page 58) the procedure for making a complaint.


25. More than Just HIV Prevention: Outreach to Most-at-Risk Populations through SIDC in Lebanon, Soins Infirmiers et Développement Communautaire (SIDC) and AIDSTAR-One/USAID, 2011. Case study of an NGO partnership integrating attention to GBV in support to sex workers, MSM and PWID. Program emphasizes peer outreach, community participation, harm reduction, capacity building, experience sharing and confidentiality. Outreach workers receive standardized training on: vulnerability to HIV; sexuality; stigma related to gender and sexuality; and GBV (detection, counseling and referral). They discuss violence with clients and offer counseling on how to avoid/address it. In some cases, direct interventions are made, such as with one NGO providing shelter to female sex workers, mediating disputes and liaising with the police. Outreach is linked to a referral system, with 52 NGOs offering medical, legal, psychological and social services, including related to GBV. It is also complemented by legal review, advocacy and research work. The lessons include the need to develop specific GBV support for sub-groups of key populations, such as women who inject drugs.
http://www.aidstar-one.com/focus_areas/gender/marps_concentrated_epidemics_series

26. Ain’t I a Woman? A Global Dialogue between the Sex Workers’ Rights Movement and the Stop Violence Against Women Movement, CREA and SANGRAM, India, 2009. Report of a consultation bringing together feminist and sex worker advocates. Section 1: Violence Against Sex Workers: The View from the Ground (pages 18-19) includes a presentation by Cheryl Overs, Australia, listing: individual and collective actions for sex workers to avoid, prevent, and survive GBV; and actions by sex workers to stimulate structural change. Section 4: Beyond Vice and Victimhood: Sex Workers Speak includes a presentation by Meenakshi Kamble of VAMP, India, describing violence against sex workers by the state, society and within their work. Section 7: Resisting Violence shares practical and advocacy action on GBV by sex workers in Myanmar, Thailand and India.

27. Linkages between Violence-Against-Women and HIV in Asia and the Pacific: Summary of E-discussion, Asia Pacific Community of Practice on HIV, Gender and Human Rights (APN+, UNDP, UNWOMEN, OHCHR and UNAIDS), 2012. Report of e-discussion among UN agencies, PLHIV networks, national and local governments, civil society organizations and research institutions. Provides data on prevalence of GBV against key populations (especially sex workers – female, male, MSM and transgender) and cites factors that put them at heightened risk of GBV. Identifies the major barriers to action, including the lack of evidence and services. Makes recommendations for the research agenda, advocacy agenda and interventions. The latter includes that programs for sex workers should: address the full range of violence faced by them; facilitate and resource collective action; and ensure that state institutions are accountable for preventing and redressing violence against sex workers regardless of the perpetrator.

29. **Investigating Causes Influencing Manifestations of Violence against FSW as a Factor of Increased Risk of Exposure to HIV: Operational Survey: Brief Result**, International HIV/AIDS Alliance in the Ukraine, 2012. Report of quantitative and qualitative research into GBV against female sex workers. Includes findings on the: kinds and sources of violence; and factors that determine vulnerability (such as conditions of work and drug use). Highlights how most sex workers do not seek help after incidents of violence, but that the type of support they would like includes: psychological (counseling, advice, etc.); medical (diagnostics, treatment by gynecologists, treatment by trauma specialists, etc.); legal (legal advice, legal assistance, etc.); referrals to specialist; financial; and protection. Page 21 lists factors for reducing the risk of violence against sex workers. Pages 21-22 list the key components of effective responses to GBV to be implemented by NGOs and government and key issues to consider. Pages 22-24 highlight how to: address GBV within prevention sessions, occupational skills building, counseling and information; and support sex worker survivors of violence.


30. **Violence Against Sex Workers and HIV Prevention**, Organization: World Health Organization (WHO) and Global Coalition on Women and AIDS (GCWA), 2005. Guidance describing the scale and nature of heightened vulnerability to violence faced by sex workers. Explains the intersection between GBV and vulnerability to HIV. Includes two case studies from: Papua New Guinea (where police were trained as peer educators and a comic book developed to address coercive sex by police officers); and South Africa (where the Sex Worker Education and Advocacy Taskforce – SWEAT – developed a handbook on sex workers rights, health and safety, including tips on human rights with respect to existing laws, a section on how to get out of dangerous situations and a list of contact numbers. Pages 3-4 outline key strategies to address GBV at the levels of: individuals (such as developing education materials about safety or providing lessons in self-defense); community (such as ‘bad date’ projects to identify dangerous clients or sex worker organizations developing collectives); and policy (such as advocacy to policy-makers to change repressive laws and working with the media to change perceptions of sex work). Pages 4-5 draw conclusions about how GBV undermines HIV prevention and increases sex workers’ vulnerability; and outline key strategies for groups supporting sex workers. The latter include: developing educational materials for sex workers on their legal rights and how to prevent, reduce and respond to violence; supporting community mobilization of sex workers; developing warning systems about violent clients; sensitizing the police to reduce harassment and interference in programs; advocating for the human rights of sex workers.


31. **Work Safe in Sex Work: A European Manual on Good Practices in Work with and for Sex Workers** Organization: TAMPEP International Foundation, the Netherlands, 2009. A manual aimed at health and social service providers of support to migrant and mobile sex workers. Has sections focused on: outreach work; peer education; campaigns for clients; and advocacy campaigns. Presents 60 examples of good practices of activities, projects or ways of working considered successful by sex workers. The examples were selected due to: actively involving sex workers in their design, implementation and evaluation; having been evaluated; and being considered transferable to other contexts. Examples that address violence include the work of SCOT PEP, Scotland and Association GPAL-Entr’actes, France.


33. *Keeping Safe: Safety Advice for Sex Workers in the UK*, UK Network of Sex Work Projects (UKNSWP), UK, 2008. Description: Guide providing practical safety advice for sex workers, including for those working in specific contexts, such as at home, in hotels, online and in clubs. Includes a section for transgender sex workers. Gives guidance on reporting and sharing of information, including through the Ugly Mugs project to identify violent clients. Includes a section of what to do if you or a friend experiences violence and lists organizations that can provide support.  

34. *Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Approach* WHO, World Health Organization (WHO), 2012. Description: Technical guidelines for programming with sex workers and their clients, for use by national public health officials and managers of HIV and STI programs, health workers and NGOs, including community groups. All of the four good practice recommendations (pages 17-18) refer to the ‘how to’ of reducing violence and discrimination. In particular, recommendation 4 (Violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker led organizations) cites implications that: 1. Violence against sex workers needs to be monitored and reported and redressal mechanisms established to provide justice to sex workers; 2. Law enforcement officials, and health and social care providers need to be trained to recognize and uphold the human rights of sex workers, and held accountable if they violate the rights of sex workers, including the perpetration of violence; and 3. Support services need to be provided to sex workers who experience violence. Evidence is offered (page 19) of the efficacy of community empowerment as a means to confront HIV and violence.  
http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf

35. *An Integrated Structural Intervention to Reduce Vulnerability to HIV and Sexually Transmitted Infections among Female Sex Workers in Karnataka State, South India*, Vandana Gurnani, Tara S Beattie, Parinita Bhattacharjee, CFAR Team, HL Mohan, Srinath Maddur, Reynold Washington, Shajy Isaac, BM Ramesh, Stephen Moses and James F Blanchard, India, 2011. Journal paper summarizing the methods and impacts of a program for 60,000 female sex workers, based on structural interventions involving policy makers, secondary stakeholders (police, government officials, lawyers, media) and primary stakeholders (sex workers). Project components were: collectivization, community mobilization and empowerment; engagement with policy-makers; addressing stigma and discrimination; addressing violence and harassment (including through: sensitization of the police; legal empowerment workshops; and crisis management teams); and addressing social inequality. Program took a phased approach, addressing issues of violence later in the process. It demonstrated that stigma, discrimination, violence, harassment and social equity...
issues are critical concerns for sex workers and that it is possible to address such broader structural factors as part of large-scale HIV prevention programming.

http://www.biomedcentral.com/content/pdf/1471-2458-11-755.pdf

36. *The Dangers, the Thrills: Male and Female Sex Workers Speak Out*, Panos Caribbean and Caribbean Vulnerable Communities Coalition (CVCC). Film with testimonies from female and MSM sex workers on violence and violations of their rights, including by clients and the police.


http://www.opensocietyfoundations.org/reports/criminalizing-condoms


41. *Sexual Assault and Rape Crisis*, Crimson Alliance, Australia. Online information page on sexual assault and rape and providing links to local services.


44. **Self-Defence for Sex Workers**, Prostitution Informatie Centrum (PIC), the Netherlands, 2007. Poster to inform sex workers of some basic self-defense moves to use in situations of violence. [http://resources.tampep.eu/resources_EN.html](http://resources.tampep.eu/resources_EN.html)


47. **Practical Tools to Understand and Assess Violence Experienced by Sex Workers**, Juan Jacobo Hernández Chávez (Mexico) at Sex work, Violence and HIV Workshop, India, 2009. Presentation on adapting a set of participatory tools to address GBV against key populations, including sex workers.


49. **Support and Advice for Escorts (SAAFE)**, UK. Online information site for men who want to work as escorts, including a ‘Keeping Yourself Safe’ section. [http://www.saafe.info](http://www.saafe.info)


51. **Protect Don’t Prosecute**, the Red Umbrella Project, USA, 2010. ‘Amnesty for prostitution’ web tool developed by sex workers working in non-legal environments, following the murders of sex workers.
52. **Crisis Intervention Service**, SOPHIE Place of Education for Sex Workers, Austria, 2012. Website on crisis intervention for social workers supporting sex workers. Include a page providing advice on safe working in clubs, on the streets and for escorts.  
http://en.sophie.or.at/category/basic_infos/sicher_arbeiten;  
http://en.sophie.or.at/category/offers/krisenintervention

http://www.subway-berlin.de/?cat=19&lang=en

http://www.indoors-project.eu/documents/capacity_building&awareness_raising-Indoors_2.pdf

55. **Safeboy’s Tips**, Safeboy, Switzerland, 2013. Online tips for male escorts, including on protection from violence.  

56. **Silia**, Amnesty for Women, Germany. Website of project providing support and counseling to elderly female migrants, including sex workers, who experience intimate partner violence.  
http://www.amnestyforwomen.de/english/projects/silia/

http://www.genesisleeds.org.uk/how-we-can-help-you/safety

58. **Training to Support Agencies Working with Women Street Sex Workers in Sheffield**, Sheffield Working Women’s Opportunities Project (SWWOP), UK, 2009. Leaflet on training provided for agencies working with female sex workers, including on domestic abuse.  

59. **Remote Reporting Scheme**, Roam Outreach, Scotland, 2013. Website of a confidential service for cruising men and male sex workers. Remote reporting enables reporting crime anonymously to the police via email or phone, with the information used to build profiles for similar crimes.  
http://www.roam-outreach.com/Cruising/Reporting/Pages/default.asp

60. **Gevaarlijke liefde (Dangerous Love)**, Humanitas Prostitutie Maatschappelijk Werk, the Netherlands. Comic strip book and pop video about ‘laffeboys’ – young male pimps who befriended girls over the internet to initiate them into sex work. Addresses violence and deception.  

62. **Case Study: Screening for GBV in Thailand**, Interagency Gender Working Group, Thailand. Case study exercise to help participants think about how to design and integrate screening for GBV against MSM and transgender people into existing HIV services.  
http://www.igwg.org/igwg_media/Training/CS_ScreeningForGBVThailand.pdf

63. **Tips on Violence and Rape**, Pro Sentret, Norway, 2013. Website funded by the City of Oslo and the government providing information for sex worker victims of rape and violence.  
http://prosentret.no/en/tips-og-rad/vold-og-voldtekt/

64. **Violence in Sex Work**, Aspasie, Switzerland, 2007. Brochures for specific types of sex workers (such as erotic masseuses and hostesses), explaining what to do in cases of violence.  
http://www.aspasie.ch/index.php?option=com_content&view=article&id=89&Itemid=102


66. **Trottoir Pour Les Travailleurs Du Sexe Masculins**, Aide Suisse Contre le Sida, Switzerland. Brochure for male sex workers, including information on protection from violence.  
http://www.sidastudi.org/ca/registro/2c9391e41fb402cc011fb44bc4c9533b


68. **HIV/AIDS Sex Work Toolkit**, World Health Organization (WHO), 2004. Online toolkit to support the development and implementation of HIV interventions in diverse sex work settings. Each webpage has links to other documents, some of which address GBV.  

http://crips.centredoc.fr/docs/PDF_GED/S42698.pdf

70. **Sex Worker Outreach Project ACT**, Sex Worker Outreach Project (SWOP), Australia. Website of a peer-based community organization including legal and occupational health and safety information.  

72. **Resourcing Health and Education (RhED), Australia.** Website providing specialist support to sex workers, including an Ugly Mugs scheme to report perpetrators of violence and a Risky Business: Hot Safety Tips for Sex Workers booklet.  

73. **Sexperts Disrupting Injustice with Digital Community-Led HIV Prevention and Legal Rights Education in Thailand, Chaiyajit, N, L. & Walsh, C.S, Thailand, 2012.** Article on Mplus Foundation and ThaiLadyBoyz.net which have used social networking and instant messaging to address stigma and violence. 'Sexperts' increase the ‘sexpertise’ of MSM, sex workers and transgender people, empowering them on their rights.  

74. **Know Your Rights, Pivot Legal Society, Canada, 2013.** Card for sex workers to know their rights and what action to take in instances of harassment by the police.  
https://d3n8a8pro7vhmx.cloudfront.net/pivotlegal/pages/315/attachments/original/1361921119/Pivot_VPD_Sex_Workers.pdf?1361921119

75. **Sex Workers without Borders, USA.** Website including practical tips for safe sex work on the streets and guidance on using a harm reduction approach with sex workers who have experienced violence.  

76. **Dangerous Liaisons a Report on the Violence Women in Prostitution in Oslo Are Exposed To, Ulla Bjorndahl, Norway, 2012.** Report including sections (4.3 and 4.4) that share sex workers’ strategies to prevent/deal with violence; and actions that sex workers can take to protect themselves.  

77. **Intimate Partner Violence is as Important as Client Violence in Increasing Street-Based Female Sex Workers’ Vulnerability to HIV in India, Subadra Panchanadeswaran, Sethulakshmi C. Johnson, Sudha Sivaram, A.K. Srikrishnan, Carl Latkin, Margaret E. Bentley, Suniti Solomon, Vivian F. Go and David Celentano, Int J Drug Policy. 19(2): 106–112, 2008.** Paper advocating attention to violence against sex workers by their intimate partners as well as clients and the role of gender norms. Outlines successful survival strategies used by women, such as enlisting the help of peers and building supportive networks. Concludes that harm reduction efforts with female sex workers need to: account for their vulnerability to a range of violence; build on sex workers’ strengths; and involve them in designing individual, community and structural interventions.  
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2423812/

78. **Dear Client... Manual Intended for Clients of Sex Workers, Stella, Canada.** Manual for clients of sex workers, including anti-violence information.  

79. **Violence and Sex Work: Learning from the Results of Monitoring and Evaluating Community-led Violence Response among Female Sex Workers in India, India HIV/AIDS Alliance.** Think piece based on the experiences of Avahan to protect women (especially sex workers) from violence, sensitize perpetrators and hold them accountable. Outlines approaches taken including: collectivization of sex workers; training sex workers in advocacy; and sensitizing the media and the police. Outlines key challenges and argues for greater emphasis on protection against GBV and monitoring GBV trends.


85. *What Works for Women and Girls: Evidence for HIV/AIDS Interventions, Chapter 4: Prevention for Key Affected Populations*, What Works for Women and Girls, 2012. Chapter addressing the links between HIV and GBV for key populations, including: how legal status/cultural attitudes to women/sex work increase the vulnerability of sex workers; and how programs for sex workers need to change laws and policies, end police violence and set up other mechanisms to protect sex workers. [http://www.whatworksforwomen.org/system/attachments/34/original/Prevention_for_Key_Affected_Populations.pdf?1342493628](http://www.whatworksforwomen.org/system/attachments/34/original/Prevention_for_Key_Affected_Populations.pdf?1342493628)

86. *Sex Workers*, Global Virtual Knowledge Centre to End Violence against Women. Web page outlining key issues about GBV against sex workers. Emphasizes ‘do no harm’, with health facilities providing: sex workers with information on their rights; information on where to go for help on violence issues; safe places to disclose violence; health services near sex workers’ places of work; support to sex worker organizations to advocate for medical treatment; and training on providing care in a non-stigmatizing way. Provides case studies about Avahan, India, and Médecins sans Frontières (MSF), Cambodia. [http://www.endvawnow.org/en/articles/687-sex-workers.html](http://www.endvawnow.org/en/articles/687-sex-workers.html)

88. *Know Your Rights: A Pocket Rights Booklet for Sex Workers*, Sex Worker Education and Advocacy Task Force (SWEAT), South Africa. Booklet summarizing: the human rights/legal context; how sex workers can use their rights when arrested or dealing with the police; how to pursue a criminal case; and how sex workers can work together.

89. *Sex Worker Rights Are Human Rights: Police Training*, Sex Worker Education and Advocacy Task Force (SWEAT), South Africa. PowerPoint presentation used to train police officers on sex workers rights, including addressing issues of GBV.

90. *Creating a Safe and Violence Free Environment for Women Working in the Entertainment Sector (Cabin and Dance Restaurant) of Kathmandu*, SAATHI, Nepal. Case study of integrating GBV into comprehensive support to sex workers, including: awareness on issues such domestic violence; and prevention through awareness, such as sex worker street dance and drama about GBV. [http://www.saathi.org.np/index.php?option=com_content&view=article&id=24&Itemid=36](http://www.saathi.org.np/index.php?option=com_content&view=article&id=24&Itemid=36)


92. *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru*, Instituto de Estudios en Salud, Sexualidad y Desarrollo Humano (IESSDEH), Red Nacional por los Derechos de las Personas Travesti, Transgénero y Transexuales del Perú (RETRANS), Asociación de Trabajadoras Sexuales Miluska Vida y Dignidad and AIDSTAR-One/USAID, 2011. Case study on a project to respond to structural violence (by clients, law enforcement agents, pimps or partners) against female and transgender sex workers. Program includes: peer education and training by and for sex workers (on issues such as GBV); legislative action; and educating gatekeepers/communities. [http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/life_with_dignity_peru](http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/life_with_dignity_peru)


94. *UNAIDS Guidance Note on HIV and Sex Work*, United Nations Joint Program on AIDS (UNAIDS), 2009 (updated 2012). Note providing policy/program guidance for a human-rights-based approach to universal access for adult sex workers. Provides a framework with three pillars: access to services; supportive environment and partnerships; and action on structural issues. Annexes 1 - 4 provide building blocks to incorporate into programing to address the abuse of sex workers.

96. **Community Response to Crisis**, Karnataka Health Promotion Trust (KHPT), 2008. Two-part film about community crisis response system, including to incidents of violence.  
http://www.khpt.org/Nyaya_Sanjeevini.html

97. **SONAGACHI Health Workers Fight for their Rights**, SONAGACHI, India, 2010. Film on the benefits to sex workers of organizing and collectives, including addressing discrimination and rights violations.  
http://clip.dj/sonagachi-sex-workers-fight-for-their-welfare-download-mp3-mp4-vYT64Mn8dh4#v/vYT64Mn8dh4

98. **Building Partnerships on HIV and Sex Work: Report and Recommendations from the First Asia and the Pacific Regional Consultation on HIV and Sex Work**, Asia Pacific Network of Sex Workers (APNSW), United Nations Population Fund (UNFPA) and United Nations Joint Program on AIDS (UNAIDS), Asia Pacific, 2011. Report of a consultation, including a section (Chapter 5) focusing on violence against sex workers – outlining the scale and nature of the problem and including case studies on: rapid response teams by Ashadaya in India; and training to sensitize police in Papua New Guinea. Promotes three key messages about GBV: 1. Violence against sex workers, including by State actors, are human rights violations that should be taken up by human rights institutions; 2. All HIV programs targeting sex workers and their clients should address violence and violence prevention; and 3. Safe working spaces are needed for sex workers.  


101. **“I Expect to Be Abused and I Have Fear”: Sex Workers’ Experiences of Human Rights Violations and Barriers to Accessing Healthcare in Four African Countries**, African Sex Worker Alliance (ASWA), 2011. Report of research in Kenya, South Africa, Uganda and Zimbabwe on the experiences
of sex workers (female, male and transgender) in relation to human rights violations by the police, clients, pimps and regular partners. Provides detailed qualitative and quantitative findings (including first-person quotations) about the nature and scale of violence. Also addresses sex workers’ experiences of and barriers to health services. Makes a series of recommendations, including for: legislative reform and the application of a rights-based approach to public health interventions; collectivization and joint action; advocacy on sex workers’ rights to the wider community; provision of specific health facilities, outreach and legal services for sex workers; and training of sex workers in human rights.


102. **Module 4. Vulnerable Groups and GBV in Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia: A Programmatic Package for Health Professionals, Service Providers and Policy-Makers**, Women Against Violence Europe (WAVE) and United Nations Population Fund (UNFPA) Regional Office for Eastern Europe and Central Asia. Website providing a comprehensive training program on GBV for health care providers. Offers practical guidance for designing and implementing programs, doing training, building referral systems and setting up a monitoring mechanism. Module 4 focuses on vulnerable groups (with a training exercise and PowerPoint).

http://respondgbveeca.org/training-programme-for-health-care-providers/training-content-12-modules/4-vulnerable-groups-and-gbv


105. **Injection Drug Use, Sexual Risk, Violence and STI/HIV Among Moscow Female Sex Workers**, Michele R Decker et al, Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. Sex Transm Infect doi:10.1136/sextrans-2011-050171, January 2012. Journal paper on a study of Moscow-based female sex workers, finding that experiences of physical violence by clients and threats from pimps were associated with HIV/STIs. Concludes that many of the risks experienced by sex workers are not modifiable by the women alone and, instead, require programs that reduce coercion and abuse perpetrated by pimps and clients.

http://sti.bmj.com/content/88/4/278.abstract

106. **Integrating Gender into Programs with Most-At-Risk Populations: Technical Brief**, PEPFAR, USAID and AIDSTAR-One, December 2010. Technical guide exploring the gender-related risks of key
populations and providing guidance on the integration of action on gender within programs for sex workers, men who have sex with men, transgender people and people who inject drugs.
http://www.aidstar-one.com/sites/default/files/Tech%20Brief_Integrating%20Gender%20into%20Programs%20with%20MARPs_web.pdf
ANOTATED BIBLIOGRAPHY PART 2: TRAINING AND PROGRAMING RESOURCES ON GENDER-BASED VIOLENCE AGAINST MEN WHO HAVE SEX WITH MEN

2.1. Analysis of existing resources on GBV against MSM

The terminology and methodology used for Part 2 are described in the ‘Definitions and Frameworks for Annotated Bibliography’ section of this document.

The number/breadth, quality and gaps in training and programming resources on GBV against MSM will be analyzed in detail in a Technical Paper to follow this Annotated Bibliography. The Paper will also use that analysis to inform a suggested framework for comprehensive, good practice programs to address GBV against MSM. Here, the following provides a preliminary ‘snap-shot’ of some of the key issues highlighted by Part 2:

Strengths, weaknesses and quality of resources

Thirty eight resources related to GBV against MSM were identified. The number was especially large when including generic resources related to lesbian, gay, bisexual and transgender (LGBT) communities, as opposed to solely MSM.

The following provides an overview of the strengths, weaknesses and quality of the resources that were identified, with particular attention to those selected as top priorities. It uses the criteria outlined in the Introduction section of this Annotated Bibliography, in terms of the extent to which the resources:

a. Use a rights-based approach.

Some of the key resources identified for Part 2 strongly promote a rights-based approach to addressing GBV against MSM. For example, ACON’s anti-violence campaign website and resources [top priority resource 2] equip users with principles and practical tools to understand their rights and to take practical action (as well as building the capacity of other service providers in the rights of LGBT communities).

The Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men who Have Sex with Men (MSM) in Latin America and the Caribbean by the Pan-American Health Organization [top priority resource 6] promotes the integration of action on GBV within a rights-based framework for programs for MSM.

b. Use an empowerment principle and promote collectivization (‘working together’).

Many of the identified resources target MSM – either directly or via groups that support them. For example, Domestic Violence: A Resource for Gay and Bisexual Men developed by the National Health Service in the UK [top priority resource 3] can be used both by individuals and by MSM peer educators.

Some of the resources target other stakeholders, such as: trainers – see Sexual Minorities, Human Rights and HIV by Botswana Network on Ethics, Law and HIV/AIDS (BONELA) [non-top priority resource 14];
and mainstream GBV service providers – such as the *Open Minds Open Doors* guide on ‘LGBTI inclusivity’ developed by the Network in the USA [non-top priority resource 7].

c. Are based on **evidence/assessed needs** and were **developed by/for** the key population.

Some of the identified resources clearly aim to identify and respond to the specific needs of MSM communities. For example, *My Body Is Not Mine* by the Naz Foundation International and Centre for Media and Alternative Communication [top priority resource 1] shares the results of participatory research among the Kothi community, with different methods used to support them to express their opportunities and challenges. However (as discussed below), some of the resources appear to lack an evidence-base, especially in terms of systematic data, such as in the form of a baseline.

Many of the identified resources reflect good practice in interventions for MSM. For example, the case study of the work of Soins Infirmiers et Développement Communautaire (SIDC) in Lebanon [non-top priority resource 5] focuses on integrating attention to GBV within wider programs that address a range of issues and needs for MSM. Similarly, the guidance documents by normative agencies, such as the President’s Emergency Plan for AIDS Relief (PEPFAR) [non-top priority resource 3], provide frameworks within which GBV can be integrated into programs focused on HIV and/or MSM.

Resources such as the *Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men who Have Sex with Men (MSM) in Latin America and the Caribbean* by the Pan American Health Organization (PAHO) [top priority resource 6] demonstrate a comprehensive understanding of the wide definition of GBV. Some – such as the website and multiple tools of ACON’s Anti-Violence Project in Australia [top priority resource 2] – specifically include attention to intimate partner violence within MSM relationships.

d. Address **structural factors** that affect GBV against the key population.

Many of the resources shared in Part 2 have clearly been developed within the context of challenging environments for MSM, such as social stigma and oppressive policy/legal frameworks. However, relatively few include practical guidance on ‘what to do’ – in terms of how, such as through advocacy, MSM can engage in relevant policy-making processes and change the nature of the environment.

e. Target the **specific population** (rather than being about key populations in general).

Some of the identified resources benefit from being tailor-made to the community in question. Again, *My Body Is Not Mine* [top priority resource 1] is an example – which focuses on the highly specific experiences and needs of the Kothi community in India.

However, as noted, some of the resources in Part 2 are for ‘generic’ LGBT communities. While many include useful ideas and tools, some give limited attention to the specific needs of MSM, especially those that do not identify as homosexual or gay.

f. Indicate potential for **adaption, replication and/or scale-up** in other contexts.

The resources for Part 2 came from a range of organizations and contexts. While some are from the global ‘South’ (such as India and Mexico), many are from the ‘North’ (such as the USA and UK). While
the latter often benefit from innovative designs and formats, they could, potentially, present challenges in terms of adaptation to other socio-political environments.

Some of the resources provide high quality, detailed guidance on a specific component of training or programming. Examples include the GBV screening tool developed by the Health Policy Initiative in Mexico and Thailand [top priority resource 5]. A further important example is the materials developed by the Avahan project in India. These include a detailed guide that takes users through designing and implementing a crisis response system for key populations, including MSM [non-top priority resource 1]. Such resources demonstrate strong potential for scale-up and adaptation, particularly in similar contexts. Meanwhile, others – such as the websites of some LGBT-orientated organizations – might require extensive adaption for use in other political contexts, such as where MSM communities are less organized or have less political capital.

g. Have a user-friendly and/or innovative format.

Some of the resources on Part 2 are text-heavy, being predominantly research or policy materials. However, others utilize more accessible and creative formats. These vary from an easy-to-navigate website, such as that of ACON’s Anti-Violence Project in Australia [top priority resource 2], to an on-line Prezi presentation featuring a short video scenario of domestic violence between MSM – as part of GLBTQ’s Domestic Violence Project in the USA [non-top priority resource 13]. The My Body Is Not Mine process in India [top priority resource 1] used writing and photography to support Kothi participants to express their experiences and opinions about gender/sexuality identity and violence.

Based on those identified for the Annotated Bibliography, a number of types of resources for addressing GBV against MSM seem to be absent or under-developed. Examples include resources that:

- Provide practical, step-by-step program tools – such as frameworks, planning tools, indicators and budgeting tools – to develop, integrate and implement interventions to respond to GBV against MSM.
- Facilitate connection of MSM projects to: wider GBV services, such as through the development of referral systems or the training of GBV services to be ‘MSM friendly’; and other key population initiatives (such as for lesson-sharing and joint advocacy planning).
- Target people associated with MSM, including the perpetrators of GBV against them. While many resources promote work with MSM themselves, few appear to target: male clients (for those who sell sex); female partners (such as in the case of MSM who are married); or family members (who might be targets of GBV themselves or perpetrators of GBV against their MSM family member).
- Make maximum use of established methods – such as peer support and collectivization – that have proven vital for initiatives with MSM.
- Make maximum use of new technologies (such as mobile phone apps) that, for example in some countries in Africa, are proving successful in other aspects of programming to support MSM.

In addition, a number of subject areas seem to be absent or under-addressed in many of the existing resources. Examples of these include:

- The structural factors (such as the legal and policy environment and health systems) that facilitate or prevent effective action on GBV against key populations.
• **The non-physical dimensions of GBV**, such as the emotional impact that may be experienced in addition to physical harm.

• **How to respond to the ‘gender dimensions’** of GBV – in terms of not only preventing/ addressing acts of violence, but taking action on the negative gender norms and practices that fuel GBV against MSM.

• **GBV against specific types of MSM**. For example, few resources seem to address the heightened vulnerability to GBV of MSM who are young, are ethnic minorities, sell sex or are in prison.

Many of the resources appear to lack a systematic **evidence-base**, such as in terms of data to demonstrate the scale/nature of the need being addressed and the efficacy of the approach taken. Overall, there appears to be a gap between the ‘true’ training and programming materials identified (and included in the priority resources) and the more research/academic-orientated materials (some of which are included in the ‘other’ resources). An example of an exception is the crisis response system developed by the Avahan project in India [non-top priority resource 1] which – through operations research and data collection – has benefited from being piloted, implemented, scale-up and continuously improved.

### 2.2. Top priority existing resources on GBV against MSM

The following pages present the training and programming resources identified as top priorities – in terms of having the greatest potential for use, adaptation or replication for responses to GBV against MSM.

#### 1. *My Body Is Not Mine: Stories of Violence and Tales of Hope: Voices from the Kothi Community in India*

**Organization:** Naz Foundation International (NFI) and Centre for Media and Alternative Communication (CMAC) in partnership with DFID

**Year:** 2007  
**Type of resource:** Research report

**Region/country:** India  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability

**Access:** [http://cmaconline.org/gender1/my-body-is-not-mine](http://cmaconline.org/gender1/my-body-is-not-mine)

**Description:** Report from participatory research among the Kothi community, including a three-day workshop on writing and photography with participants from across India. The report focuses on Kothis’ gender/sexuality identity and experiences of violence.

#### 2. *Anti-Violence Project (multiple resources)*

**Organization:** Acon

**Year:** As of March 2013  
**Type of resource:** Multiple resources including websites and information materials

**Region/country:** Australia (New South Wales)  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Resources for an Anti-Violence Project (AVP) to support local LGBTI people who have experienced homophobic, transphobic, domestic or family violence. Also supports and trains other LGBTI organizations and mainstream services, such as the police. Examples of resources include:

- **ACON website** – including information for community members on sexual assault, harassment,

- **Is Your Service LGBT Friendly?** – a leaflet to sensitize mainstream health providers and NGOs
- **Another Closet: Domestic Violence in Same-Sex Relationships** – a guide for LGBT people addressing: what same-sex domestic violence is; what to do if you experience violence; how to recover; how to support friends and family; and finding information and support [http://www.anothercloset.com.au/sites/default/files/Another%20Closet%20booklet%202009.pdf](http://www.anothercloset.com.au/sites/default/files/Another%20Closet%20booklet%202009.pdf)

### 3. Domestic Violence: A Resource for Gay and Bisexual Men

<table>
<thead>
<tr>
<th>Organization</th>
<th>Barking and Dagenham Primary Care Trust, National Health Service (NHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2008</td>
</tr>
<tr>
<td><strong>Type of resource</strong></td>
<td>Information material (booklet for MSM)</td>
</tr>
<tr>
<td>Region/country</td>
<td>UK (Barking and Dagenham, London)</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming</strong></td>
<td>1. Prevention; 2. Protection</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td><a href="http://www.stonewall.org.uk/documents/domestic_violence_resource_for_gay_men_1_1.pdf">http://www.stonewall.org.uk/documents/domestic_violence_resource_for_gay_men_1_1.pdf</a></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Information booklet developed as part of a demonstration project for the National Health System in the UK, for use by MSM (particularly those identifying as gay or bisexual). Gives very clear information to define intimate partner violence and support men to identify if they are being abused and get help. Addresses the specific nature of sexuality-based violence and how violence inter-relates with chronic illness, including HIV. Lists local and national resources.</td>
</tr>
</tbody>
</table>

### 4. ILGA-Europe Toolkit for Training Police Officers on Tackling LGBTI-Phobic Crime

<table>
<thead>
<tr>
<th>Organization</th>
<th>International Lesbian and Gay Association (ILGA)-Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Type of resource</strong></td>
<td>Training guide</td>
</tr>
<tr>
<td>Region/country</td>
<td>Europe</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming</strong></td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Comprehensive guide for identifying needs and designing strategies to train the police in addressing LGBTI-phobic violence. Contains three sections:</td>
</tr>
<tr>
<td></td>
<td>- Section 1. Guidance on how to identify training needs and design strategies and training courses to combat LGBTI-phobic violence. This covers: Step 1. Identify the exact training needs in a specific local or national context; Step 2. Define the main aims and objectives of training; Step 3. Formulate a coherent training strategy; and Step 4. Design a coherent training course agenda with competent trainers.</td>
</tr>
<tr>
<td></td>
<td>- Section 2. Guidance on how to conduct a training course to combat LGBTI-phobic violence</td>
</tr>
<tr>
<td></td>
<td>- Section 3. Guidance on how to evaluate a training to combat LGBTI-phobic violence</td>
</tr>
</tbody>
</table>
5. **Screening for Violence Against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand; and Identifying Violence Against Most-At-Risk Populations: A Focus on MSM and Transgenders: Training Manual for Health Providers**

**Organization:** Health Policy Initiative and AIDSTAR-One/USAID  
**Year:** 2009  
**Type of resource:** Report and training manual  
**Region/country:** Global  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection

**Access:**  

**Description:** Report of pilot study in Mexico and Thailand to develop a screening tool to support health providers to: identify violence against MSM and transgender people, including those involved in sex work; facilitate their access to appropriate GBV services; and improve community organization and health service collaboration. Identifies key criteria to establish before screening, such as ensuring no increased harm to clients.

Training manual on identifying violence against MSM and transgender people, including those that sell sex. For use by an experienced facilitator to deliver a three-day participatory training workshop for health providers. Based on participatory, learner-centered methods and developed through piloting in Mexico and Thailand. Sections include: 1. Setting the stage; 2. Sexuality and gender; 3. Stigma and discrimination and gender-based violence; 4. Gender-based violence; 5. Gender-based violence, stigma and discrimination and HIV; 6. Responding to GBV in MSM and transgenders – the role of the health sector and other sectors; and 7. Best practices in GBV screening. Provides a screening tool to be adapted to specific contexts and used by health workers to recognize and respond to GBV. The steps include assessing the client’s history of violent experiences and current safety and, as necessary, providing referrals and/or developing a safety plan. Also includes multiple: case studies; frameworks (such as the: cycle of violence in intimate partner relationships; conceptual model of structural violence and vulnerability to HIV and AIDS in MSM and transgenders; and GBV pathways to STIs); handouts (such as on: data on GBV; links between GBV, HIV and most-at-risk populations; what health providers can do about GBV; steps to develop a referral system and directory; developing a client safety plan; guiding principles for treatment of survivors of GBV; and links between GBV and HIV). PowerPoint presentations are also available to support the training.

---

6. **Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men who Have Sex with Men (MSM) in Latin America and the Caribbean**

**Organization:** Pan-American Health Organization (PAHO)  
**Year:** 2009  
**Type of resource:** Report of consultation  
**Region/country:** Latin America and the Caribbean  
**Language:** English and Spanish  
**Areas of programming:** 2. Protection; 3. Accountability

**Access:**  

**Description:** Report that integrates attention to a broad range of GBV (both against and among MSM) into a comprehensive approach to their health care needs. Includes a section on the consequences of both on-going and crisis violence. Emphasizes the importance of clinical screening and evaluations. Annex 7 provides an algorithm/framework for the consequences of violence. Annex 8 provides an algorithm/framework for the interaction between clinic and community support to MSM – including attention to GBV, within a human rights framework.
7. **Understanding and Challenging Stigma toward Men who have Sex with Men: A Toolkit for Action**

**Organization:** Phon Yut Sakara, Sam Eng, Phan Phorp Barmey, Margaret Reeves, Laura Nyblade, Amy Gregowski and Ross Kidd for USAID, ICRW and PACT

**Year:** 2010  
**Type of resource:** Toolkit

**Region/country:** Cambodia  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Extensive toolkit developed in Cambodia that integrates attention to violence against MSM within a wider understanding of, and action on, stigma against MSM within the context of a concentrated HIV epidemic. Adapted and tested with local organizations. Includes participatory, educational exercises that can be used with a wide range of individuals and groups to stop stigma and discrimination toward MSM. Includes a fact sheet (# 7) specifically on hate violence.

---

### 2.3. List of other existing resources on GBV against MSM

The following are other resources identified for the Annotated Bibliography that might be useful for informing training and programming on GBV against MSM. Resources 1 – 15 were ‘short-listed’ as potential top priority resources and, as such, feature a more detailed description:


   **Organization:** Avahan and Bill and Melinda Gates Foundation

   **Year:** 2009; 2009; 2013  
   **Type of resource:** Good practice report; program guide; program guide

   **Region/country:** India (6 States)  
   **Language:** English

   **Areas of programming:** 2. Protection; 3. Accountability

   **Access:** [http://docs.gatesfoundation.org/avahan/documents/avahan_powertotackleviolence.pdf](http://docs.gatesfoundation.org/avahan/documents/avahan_powertotackleviolence.pdf);  
   (draft document)

   **Description:** Report on Avahan’s work to integrate crisis response systems into broader programs with sex workers, MSM, transgender people and PWID. Systems aim to address incidents of violence, act as a deterrent and tackle longer-term issues of crisis. They are implemented by trained teams of key populations. Common actions include: responding to incidents of violence (by police, members of the public, intimate partners or family) immediately; counseling individuals in a crisis to ensure psychosocial, medical and resource support; resolving family or community issues; having a lawyer on call to support negotiations with authorities and train communities on legal rights; reporting and documenting incidents of violence and the actions of the response system; advocacy, including networking with other rights groups and sensitizing police; building relationships with the media to improve public perception about key populations. Report provides multiple case studies of partners operationalizing systems for different types of violence against key populations. Guide to implementation provides a step-by-step guide to a crisis response system.  

(Draft) detailed guidelines update the guide to implementation. The first section provides background information and takes users through the steps involved: 1. Assess the need for and nature of crisis...
response; 2. Organize the crisis response team; 3. Train the team members; 4. Implement crisis response; 5. Report and analyze data; 6. Educate the key population and the police; 7. Build public acceptance and support for crisis response; and 8. Manage crisis response and integrate it with advocacy. The second section outlines best practices from Avahan’s programs addressing: the structure of crisis response; who should be on the team; the infrastructure expenses; how team members are selected; how long team members serve for; how team members are supported; legal support; advocacy committees; steps in response to a crisis; and communication system. The third section includes example materials that can be adapted/ replicated, such as: crisis incident report card; hotline card; position description for members of advocacy committee; and crisis incident register.

2. Sexual Violence Against Men who have Sex with Men (MSM) in India: Inter-Sections with HIV

**Organization:** Venkatesan Chakrapani (Centre for Sexuality and Health Research and Policy (C-SHaRP), India), Paul Boyce (Department of Anthropology, University of Sussex, UK) and Dhanikachalam D (Futures Group International Private Ltd., India)

**Year:** 2012  
**Region/country:** India (Chennai)  
**Type of resource:** Conference poster  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Poster presentation, based on literature review and qualitative research among MSM in Chennai. Shares findings on the scale of sexual violence experienced and assesses the current response. Provides recommendations for stronger, more comprehensive programming, based on three areas: 1. Prevention of sexual violence; 2. Creating an enabling environment to prevent and respond to violence; and 3. Services for victims of sexual violence. Provides a list of the components for each area.

3. Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs

**Organization:** President’s Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID)

**Year:** 2011  
**Region/country:** Global  
**Type of resource:** Program guide  
**Language:** English, French, Spanish, Portuguese and Swahili

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Guide framed by program planning steps within which to address GBV: conduct a situational analysis; employ a rights-based/gender-sensitive approach; plan for/support community participation; pay special attention to the needs of young people; identify key populations; develop a work plan; establish an M&E framework and plan; and budget. Emphasizes the principle of ‘do no harm’ in programs for key populations, including MSM. This includes through: ongoing staff training; challenging stakeholders on stigma; establishing safe virtual and physical spaces for information and referrals; and addressing gender barriers to accessing post-exposure prophylaxis. (Pages 24-25) provide a ‘menu’ of key actions – including in direct service provision, community mobilization and advocacy – to address GBV against key populations. (Page 31) cites specific actions (community-based, health facility-based and structural) within HIV preventions program. Gives lists of resources.
4. **Understanding the Challenges Facing Lesbian and Gay South Africans: Some Guidelines for Service Providers**

<table>
<thead>
<tr>
<th>Organization</th>
<th>OUT LGBT Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Program guide</td>
</tr>
<tr>
<td>Region/country</td>
<td>South Africa</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description</td>
<td>Guide for service providers, including: a chapter on homophobia and hate crime; explanations of terminology; minimum standards for service delivery; guidance on delivering non-discriminatory services to LGBTI; and information on the rights/needs of LGBTI survivors of violence.</td>
</tr>
</tbody>
</table>

5. **More Than Just HIV Prevention: Outreach to Most-at-Risk Populations through SIDC in Lebanon**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Soins Infirmiers et Développement Communautaire (SIDC) and AIDSTAR-One/UASID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Case study</td>
</tr>
<tr>
<td>Region/country</td>
<td>Lebanon</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description</td>
<td>Case study of an NGO partnership integrating attention to GBV in support to sex workers, MSM and PWID. Program emphasizes peer outreach, community participation, harm reduction, capacity building, experience sharing and confidentiality. Outreach workers receive standardized training on: HIV vulnerability; sexuality; stigma related to gender and sexuality; and GBV (detection, counseling and referral). They discuss violence with clients and offer counseling on how to avoid/address it. In some cases, direct interventions are made. Outreach is linked to a referral system, with 52 NGOs offering medical, legal, psychological and social services, including related to GBV. It is also complemented by legal review, advocacy and research work.</td>
</tr>
</tbody>
</table>

6. **Gender-based Violence**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Pehchan: Humsafar Trust (HST), Solidarity and Action against the HIV Infection in India (SAATHII), South India AIDS Action Program (SIAAP), Sangama and Alliance India Andhra Pradesh (AIAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Training guide</td>
</tr>
<tr>
<td>Region/country</td>
<td>India (17 states)</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>3. Accountability</td>
</tr>
<tr>
<td>Access</td>
<td>(In process of being published)</td>
</tr>
<tr>
<td>Description</td>
<td>Brief training module for community groups, developed under five-year capacity building program by Pehchan, funded by the Global Fund. Provides participatory activities and PowerPoint presentation on the types of violence experienced by MSM, transgender people and hijras. Aims to increase understanding about the nature/breadth of GBV and inform advocacy and policy work.</td>
</tr>
</tbody>
</table>

7. **Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors**

<table>
<thead>
<tr>
<th>Organization</th>
<th>The Network/La Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Training guide</td>
</tr>
<tr>
<td>Region/country</td>
<td>United States (Massachusetts)</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description</td>
<td>Training guide to support mainstream domestic violence programs to be ‘LGBTQ inclusive’.</td>
</tr>
</tbody>
</table>

Annotated Bibliography: Training and Programming Resources on Gender Based Violence Against Key Populations  Page 48
Addresses myths and facts about intimate partner violence. Takes a step-by-step approach, with guidance/case studies on: assessing needs; training staff; collaborating with others; creating a welcoming environment; and providing services (advocacy, legal advocacy, shelter and support groups).

8. Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services

<table>
<thead>
<tr>
<th>Organization</th>
<th>Health Policy Initiative, USAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2009</td>
</tr>
<tr>
<td>Region/country</td>
<td>Global</td>
</tr>
<tr>
<td>Type of resource</td>
<td>Policy report</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
</tbody>
</table>

**Description:** Report of literature review on GBV against/among MSM and transgender people (including those that sell sex) and how it affects vulnerability to HIV. Makes recommendations for research, advocacy and action. The latter includes: programs that eliminate related norms, attitudes and behaviors of the general community; health or HIV services that identify violence and incorporate violence-specific counseling; sensitization and training of police on the human rights of MSM and transgender people and their roles in protecting them; social services, such as shelters and livelihood programs, for MSM or transgender people who have been rejected from their home, work or livelihood; and more informal community-based peer support.

9. Follow the Voice of Life: HIV Prevention and Empowerment of Men who Have Sex with Men in Orenburg

<table>
<thead>
<tr>
<th>Organization</th>
<th>New Life (supported by AIDSTAR-One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2011</td>
</tr>
<tr>
<td>Region/country</td>
<td>Russia</td>
</tr>
<tr>
<td>Type of resource</td>
<td>Case study</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>1. Prevention; 2. Protection</td>
</tr>
</tbody>
</table>

**Description:** Case study of a project addressing violence within a wider MSM program to increase access to health and psycho-social support services. Outlines a three-stage peer counseling model, based on a gender analysis. Stage 1 focuses on counseling and support on sexual health, behavior, safe sex, HIV and STI testing/treatment, plus sexual orientation and gender identity. At this stage gender-related questions inform how service delivery is managed. Stage 2 matches clients to peers and outreach workers for ongoing support. Stage 3 connects clients to groups of peers. The program recognizes GBV as a key barrier to services and supports MSM by promoting changes to social norms around GBV in the health sector. New Life also provides safe spaces for MSM to access services without fear of violence.

10. Speaking Out: A Toolkit for MSM-led HIV and AIDS Advocacy

<table>
<thead>
<tr>
<th>Organization</th>
<th>Global Forum on MSM and HIV (MSMGF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2011</td>
</tr>
<tr>
<td>Region/country</td>
<td>Global</td>
</tr>
<tr>
<td>Type of resource</td>
<td>Training guide</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
</tbody>
</table>

**Description:** Toolkit for training MSM activists and advocates. Chapter 7 addresses hostile environments, with safety tips and advice on self-care. Regional adaptations/other language versions have been developed in Central America, North Africa, East Africa, Vietnam and elsewhere.
11. **HIV Communication for MSM, SWs and Peer Educators in Jamaica**

**Organization:** Communication for Change (C-Change), USAID/PEPFAR  
**Year:** 2011  
**Region/country:** Jamaica/Caribbean  
**Type of resource:** Meeting report  
**Language:** English  

**Areas of programming:** 1. Prevention; 2. Protection  


**Description:** Report from action media workshops on peer programs to reach MSM and sex workers, based on training, community mobilization and program/materials development. Refers to violence throughout, within the context of wider issues. Includes tools (such as ‘Mapping A Day in the Life’) to document and explore the issues faced by MSM and sex workers.

---

12. **(Website and multiple resources)**

**Organization:** Anti-Violence Project (AVP) and National Coalition of Anti-Violence Programs (NCAVP)  
**Year:** 2013  
**Region/country:** USA (New York)  
**Type of resource:** Website and multiple resources  
**Language:** English  

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  


**Description:** Website of organization empowering LGBTQ communities to end all forms of violence through organizing, education and supporting survivors. Work includes Safe Bar/Safe Nights program – a model for venue-based outreach in urban areas. Organization hosts the National Coalition of Anti-Violence Programs which coordinates the National Training and Technical Assistance Center on LGBTQ. The Center’s webpage has more than 30 downloadable resources from across the USA. Many are practical training tools, such as the LGBTQ Power and Control Wheel. Other examples include: LGBTQ Survivor Handbook; Signs of Abuse Checklist; LGBTQ Partner Abuse Brochure; Working with LGBT Victims of Violence; LGBTQ Terminology Handout; Creating an LGBTQ-Friendly Agency Worksheet; Information for Survivors of Sexual Assault in the LGBTQ Community; and a webinar on a pilot project to provide equal access to mainstream victim services for LGBTQ survivors.

---

13. **(Website and multiple resources)**

**Organization:** GLBTQ Domestic Violence Project  
**Year:** 2013  
**Region/country:** United States (Cambridge, MA)  
**Type of resource:** Website  
**Language:** English  

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  


**Description:** Website focusing on GBV against GLBTQ. Includes definitions of domestic violence, types of abuse, safety planning tips, legal advice and resources for survivors, perpetrators and family members. Provides practical tools, such as on how: a survivor can file a restraining order or get legal support; and a service provider can support LGBTQ victims. Complemented by a 24-hour telephone help line. Also provides an on-line Prezi presentation featuring a short video scenario of domestic violence between MSM and providing basic facts and information.
**Organization:** Botswana Network on Ethics, Law and HIV/AIDS (BONELA)  
**Year:** 2011  
**Region/country:** Southern Africa  
**Type of resource:** Training guide  
**Language:** English  
**Areas of programming:** 1. Prevention; 3. Accountability  
**Description:** Participatory training guide that includes Module C11: Domestic Violence Within LGBTI Relationships. Aims to support participants to: identify different forms of domestic violence within LGBTI relationships; identify how violence affects LGBTI people and their partners; recognize that domestic violence within LGBTI relationships is wrong and should be stopped; and understand how to use the new Domestic Violence Act to support action against domestic violence within LGBTI relationships. Includes session outlines for trainers, including case studies, questions and key points.

15. **Handbook on Monitoring and Reporting Homophobic and Transphobic Incidents**  
**Organization:** International Lesbian and Gay Association (ILGA)-Europe  
**Year:** 2008  
**Region/country:** Global  
**Type of resource:** Program guide  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection  
**Access:** [http://www.ilga-europe.org/home/issues/hate_crime/resources](http://www.ilga-europe.org/home/issues/hate_crime/resources)  
**Description:** Handbook on how to monitor, document and report incidents of homophobic and transphobic violence, using human rights principles.

16. **Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in the Asia Pacific Region: Regional Consensus Meeting, UNDP, ASEAN, WHO, USAID, UNAIDS, UNESCO and APCOM, 2009.** Report of a meeting on developing a package of support for MSM and transgender people in Asia Pacific, comprising: HIV prevention; access to HIV treatment, care and support; an enabling environment; and strategic information. Includes recommendations to reduce violence, stigma and discrimination by: training the police, prison service and public security forces; focusing on discrimination in health care; establishing specific community legal services or integrating MSM and transgender support into mainstream services; and coordinating with human rights commissions and other organizations. [http://www.snap-undp.org/elibrary/Publication.aspx?ID=655](http://www.snap-undp.org/elibrary/Publication.aspx?ID=655)


19. **Prevention and Treatment of HIV and Other Sexually Transmitted Infections among Men who Have Sex with Men and Transgender People: Recommendations for a Public Health Approach, WHO, UNAIDS, GIZ, MSMGF and UNDP, 2011.** Guidance on an evidence-based package of
interventions to prevent and treat HIV and STIs among MSM and transgender people. For national public health officials, program managers, NGOs, community groups and health workers. Addresses issues of violence within recommendations on human rights and non-discrimination, calling for legislators and governments to establish antidiscrimination and protective laws.

20. Human Rights Violations Faced by People Living with HIV and Sexual Minority Populations, Solidarity and Action against the HIV Infection in India (SAATHII), India, 2011. Case study of an advocacy coalition of PLHIV and sexual minorities groups, aiming to promote health equity in policies, programs and services. Addresses human rights abuses/violence and identifies priority interventions: reference/mobile library services; phone and e-mail helplines; and legal aid units.

21. Naming the Phobia: Male-Male Sexualities, Stigma, Discrimination and Violence in South Asia, NAZ Foundation International, 2009. Presentation putting violence against MSM and transgender people in South Asia’s political, religious and cultural context. Describes ‘genderphobia’ and the links between stigma and violence. Provides data on prevalence of GBV against MSM in India, Bangladesh Pakistan and Nepal and provides suggestions to address the challenge.

22. Between Men: HIV/STI Prevention for Men who Have Sex with Men, International HIV/AIDS Alliance, 2003. Report for NGOs and community groups on issues for MSM in the context of HIV and STIs, with ideas for developing prevention programs. Violence is referred to throughout the four sections as an important issue to be addressed within programs for MSM.
http://www.aidsalliance.org/publicationsdetails.aspx?id=84

http://www.iglhrc.org/binary-data/ATTACHMENT/file/000/000/484-1.pdf

http://www.hrw.org/reports/2002/12/31/more-name-0

25. (Website), Community United Against Violence (CUAV), USA, 2013. Website providing information about services such as advocacy-based peer counseling, leadership development, training and safety festivals. Rooted in social justice ethics and community mobilization strategies. Includes an annual report on hate violence and domestic violence.
http://www.cuav.org/


28. **Understanding the Link between Childhood Bullying and Sexual Violence**, Stopbullying.gov, USA, 2013. Website/page addressing homophobic bullying in school. Includes a chart for typical hate speech and strategies to counter it. [http://www.stopbullying.gov/blog/2013/03/19/understanding-link-between-childhood-bullying-and-sexual-violence](http://www.stopbullying.gov/blog/2013/03/19/understanding-link-between-childhood-bullying-and-sexual-violence)


30. **(Online Education Module)**, Sean’s Last Wish, USA, 2007. Online basic information modules about GBV, bullying and hate crimes – developed in response to the hate murder of a young man. [http://www.seanslastwish.org/#!vstc0=education](http://www.seanslastwish.org/#!vstc0=education)

31. **Youth Work with Boys and Young Men as a Means to Preventing Violence in Everyday Life**, Council of Europe, 2003. Training guide on preventing violence among boys and young men that integrates attention to homophobia and explores the issues behind it (such as hyper-masculine gender norms). [http://www.coe.int/t/dg4/youth/Source/Resources/Publications/Youth_wk_boys_prevent_violence_en.pdf](http://www.coe.int/t/dg4/youth/Source/Resources/Publications/Youth_wk_boys_prevent_violence_en.pdf)


33. **Centro para la Prevención y Educación del SIDA (CEPRESI)**, Nicaragua. Website of an NGO in Nicaragua that combines educational activities for MSM (such as about masculinity, self-esteem and respect) with activities targeting the public and policy-makers – such as through the media (TV, radio and newspapers) and social media (such as facebook and websites) – to bring about structural and attitudinal changes on sexual diversity. [http://www.cepresi.org.ni/](http://www.cepresi.org.ni/)
3.1. Analysis of existing resources on GBV against transgender people
The terminology and methodology used for Part 3 are described in the ‘Definitions and Frameworks for Annotated Bibliography’ section of this document.

The number/breadth, quality and gaps in training and programming resources on GBV against transgender people will be analyzed in detail in a Technical Paper to follow this Annotated Bibliography. The Paper will also use that analysis to inform a suggested framework for comprehensive, good practice programs to address GBV against transgender people. Here, the following provides a preliminary ‘snapshot’ of some of the key issues highlighted by Part 3:

Strengths, weaknesses and quality of resources

Forty one resources were identified related to GBV against transgender people. The number was especially large when including resources related to lesbian, gay, bisexual and transgender (LGBT) communities in general (as opposed to transgender people specifically). However, many of the identified materials – while important and useful – are not ‘true’ training or programming resources. For example, they are case studies or policy reports that could be used to inform such resources, but are not practical materials such as workshop guides, guidelines, budgeting tools or monitoring indicators.

The following provides an overview of the strengths, weaknesses and quality of the resources that were identified, with particular attention to those selected as top priorities. It uses the criteria outlined in the Introduction section of this Annotated Bibliography, in terms of the extent to which the resources:

a. Use a rights-based approach.

Many of the identified resources recognize and respond to the need for a rights-based approach to GBV and support to transgender people in general. In some cases, this is explicitly reflected in their content, such as the case study of Solidarity Association to Promote Human Development in El Salvador [top priority resource 1] – which takes a rights-based approach within an intensely transphobic environment.

b. Use an empowerment principle and promote collectivization (‘working together’).

Overall, the identified resources target a range of stakeholders, including: transgender community members/peer educators, such as HIV and Gender-Based Violence Prevention for Transgender People by the Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS) [top priority resource 4]; trainers, such as Sexual Minorities, Human Rights and HIV by Botswana Network on Ethics, Law and HIV/AIDS (BONELA) [non-top priority resource 8]; and mainstream GBV service providers, such as the Open Minds Open Doors guide on ‘LGBTI inclusivity’ developed by The Network in the USA [non-top priority resource 5].

c. Are based on evidence/assessed needs and were developed by/for the key population.

Many of the identified resources reflect good practice. A strong example is again provided by the case study of the work of Solidarity Association to Promote Human Development in El Salvador [top priority
resource 1] focuses on integrating attention to GBV within wider programs for transgender people. Similarly, the guidance documents by normative agencies such as the President’s Emergency Plan for AIDS Relief (PEPFAR) [non-top priority resource 2] provide frameworks within which GBV can be integrated into programs focused on HIV and/or transgender people.

Some resources – such as the website and multiple tools of ACON’s Anti-Violence Project in Australia [non-top priority resource 11] – demonstrate a broad understanding of GBV and specifically include attention to intimate partner violence within MSM relationships.

d. Address **structural factors** that affect GBV against the key population.

Many of the identified resources are clearly based on the reality of working within a challenging policy and legal environment for transgender people. However, few give specific attention to ‘what can be done’ – such as through advocacy – to address such challenges and influence change.

e. Target the **specific population** (rather than being about key populations in general).

As noted, some of the resources provide generic guidance in relation to LGBT communities. Others, however – such as *Sexual Health for Transgender and Gender Non-Conforming People* by Gender Dynamix, South Africa [top priority resource 2] – provide highly tailored guidance that responds to the heightened vulnerability to GBV of transgender people.

f. Indicate potential for **adaptation, replication and/or scale-up** in other contexts.

The resources for Part 3 were identified from a range of organizations, contexts and countries, including in the global ‘North’ and ‘South’. While this represents a rich wealth of experience and lessons, it might, in some cases, make some of the resources challenging to adapt to other countries or contexts.

Some of the resources provide high quality, detailed guidance on a specific component of training or programming. Examples include the GBV screening tool developed by the Health Policy Initiative in Mexico and Thailand [non-top priority resource 9]. A further important example is the materials developed by the Avahan project in India. The latter include a detailed guide that takes users through designing and implementing a crisis response system for key populations, including MSM [non-top priority resource 1]. Such resources – by taking a systematic approach – demonstrate strong potential for scale-up and adaptation, particularly in similar contexts.

g. Have a user-friendly and/or innovative **format**.

As noted, many of the resources identified for Part 3 are narrative-based – being, for example, research or policy materials. However, some do use more accessible formats. Examples include the easy-to-navigate website of ACON’s Anti-Violence Project in Australia [non-top priority resource 11] and the highly participatory body mapping tool used in Bolivia (that could be used by people with different levels of literacy) [top priority resource 6].

Based on those identified for the Annotated Bibliography, a number of **types of resources** for addressing GBV against transgender people seem to be absent or under-developed. Examples include resources that:
• Provide practical, step-by-step program tools – such as planning tools, indicators and budgeting tools – to develop, integrate and implement interventions to respond to GBV against transgender people.

• Facilitate connection of transgender projects to wider GBV services, such as through the development of referral systems or the training of GBV services to be ‘transgender friendly’.

• Target people associated with transgender people, including the perpetrators of GBV against them, such as their intimate partners or clients (for those who sell sex).

In addition, a number of subject areas seem to be absent or under-addressed in many of the existing resources. Examples of these include:

• The structural factors (such as the legal and policy environment) that facilitate or prevent effective action on GBV against key populations.

• The non-physical or sexual dimensions of GBV, such as the emotional impact experienced.

• How to respond to the ‘gender dimensions’ of GBV – in terms of not only preventing/ addressing acts of violence, but taking action on the negative gender norms and practices that fuel GBV against transgender people.

• GBV against specific types of transgender people, such as those that are young or that sell sex.

Many of the resources appear to lack a systematic evidence-base, such as in terms of data to demonstrate the scale/nature of the need being addressed and the efficacy of the approach taken. Overall, there appears to be a gap between the ‘true’ training and programming materials identified (and included in the priority resources) and the more research/academic-orientated materials (some of which are included in the ‘other’ resources). An example of an exception is the crisis response system developed by the Avahan project in India [non-top priority resource 1] which – through operations research and data collection – has benefited from being piloted, implemented, scale-up and continuously improved.

3.2. Top priority existing resources on GBV against transgender people

The following pages present the training and programming resources identified as top priorities – in terms of having the greatest potential for use, adaptation or replication for responses to GBV against transgender people.

<table>
<thead>
<tr>
<th>1. Giving Voice to Transgender Communities through ASPIDH in El Salvador</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong>: Solidarity Association to Promote Human Development (ASPIDH) and AIDSTAR-One/USAID</td>
</tr>
<tr>
<td><strong>Year</strong>: 2011</td>
</tr>
<tr>
<td><strong>Region/country</strong>: El Salvador</td>
</tr>
<tr>
<td><strong>Areas of programming</strong>: 1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Access</strong>: <a href="http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/aspidh_salvador">http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/aspidh_salvador</a></td>
</tr>
<tr>
<td><strong>Description</strong>: Case study of El Salvador’s only legal transgender NGO that promotes human rights and access to services and safety. Program works within an increasingly supportive national policy environment for transgender people, but community context of extreme violence, even murder, against the community. It combines the provision of outreach and drop-in services with advocacy (to the government and health providers) and legal protection (such as accompanying members to the...</td>
</tr>
</tbody>
</table>
In the future, the program will give more specific attention to sexual and intimate partner violence, including support for survivors.

### 2. Sexual and Reproductive Health for Transgender and Gender Non-Conforming People

**Organization:** Dr. Alex Muller for Gender Dynamix  
**Year:** 2013  
**Type of resource:** Handbook  
**Region/country:** South Africa  
**Language:** English  
**Areas of programming:** 1. Prevention 2. Protection; 3. Accountability  
**Description:** Handbook for transgender and gender non-conforming people, including specific information for transgender women and men. In addition to information on safer sexual practices, has sections on: sexual and domestic violence (pages 22-26) and rape and sexual assault (pages 23-27) – both including attention to survivor best practice. Includes tips for interacting with the police.

### 3. Transgender HIV prevention: Urban Coalition for HIV/AIDS Prevention Services UCHAPS

**Organization:** Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)  
**Year:** 2010  
**Type of resource:** Report  
**Region/country:** USA  
**Language:** English  
**Areas of programming:** 1. Prevention  
**Access:** [http://www.uchaps.org/assets/Transgender_HIV_Prevention.pdf](http://www.uchaps.org/assets/Transgender_HIV_Prevention.pdf)  
**Description:** Provides best practices to strengthen transgender HIV prevention programs. Includes recommendations on how to ensure inclusivity, the importance of addressing stigma and doing training on intimate partner violence and hate-related crimes.

### 4. HIV and Gender-Based Violence Prevention for Transgender People

**Organization:** Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS)  
**Year:** 2011  
**Type of resource:** Booklet  
**Region/country:** Southern Africa  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability  
**Access:** [http://safaids.net/files/Transgender%20Booklet.pdf](http://safaids.net/files/Transgender%20Booklet.pdf)  
**Description:** A booklet to help male and female transgender people know about ways to protect themselves from HIV and GBV. Includes useful pages on how to identify intimate partner violence, tips on how to avoid and report violence in public (and if doing sex work) and a list of LGBTI support services across the continent.

### 5. Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region

**Organization:** Asia Pacific Transgender Network (APTN) and United Nations Development Program (UNDP)  
**Year:** 2012  
**Type of resource:** Research report  
**Region/country:** Asia Pacific  
**Language:** English  
**Areas of programming:** 3. Accountability  
**Access:** [http://www.undp.org/content/dam/undp/library/hivaids/Lost%20in%20translation.pdf](http://www.undp.org/content/dam/undp/library/hivaids/Lost%20in%20translation.pdf)
Description: Report on the nature and impact of vulnerability among transgender people and how the HIV epidemic is strongly linked to laws, regulations, policies and practices related to stigma and prejudice. Includes a graphical representation of the ‘stigma-sickness slope’ – showing how harassment, abuse and violence combine with other factors (such as prejudice and discrimination) to increase the vulnerability and ill health of transgender people, especially those who are sex workers. Describes how violence experienced by transgender people is often sexual, including rape. It is perpetrated at home, in schools and in broader society and by a range of perpetrators. Concludes that violence against transgender people has sometimes been systematic and sustained, with widespread fatalities. Cites the impact of violence on transgender people’s emotional health and wellbeing, risky sexual practices and access to health services and support. Makes recommendations for further research, including research into understanding the specific vulnerabilities of transgender people and into taking a rights-based approach and exploring protective factors and resilience.


Organization: Gracia Violeta Ross for the Bolivian Network of People Living with HIV (REDBOL)
Year: 2012
Region/country: Bolivia
Language: English

Description: E-poster sharing research among female sex workers, transgender women and women living with HIV. Focuses on the use of a body mapping tool, with participants mapping the marks of violence on drawings of their bodies and discussing feelings and identity.

3.3. List of other existing resources on GBV against transgender people

The following are other resources identified for the Annotated Bibliography that might be useful for informing training and programming on GBV against transgender people. Resources 1 – 15 were ‘short-listed’ as potential top priority resources and, as such, feature a more detailed description:


Organization: Avahan and Bill and Melinda Gates Foundation
Year: 2009; 2009; 2013
Region/country: India (6 States)
Language: English

Description: Report on Avahan’s work to integrate crisis response systems into broader programs with sex workers, MSM, transgender people and PWID. Systems aim to address incidents of violence, act as a deterrent and tackle longer-term issues of crisis. They are implemented by trained teams of key populations. Common actions include: responding to incidents of violence (by police, members of the public, intimate partners or family) immediately; counseling individuals in a crisis to ensure psychosocial, medical and resource support; resolving family or community issues; having a lawyer on
call to support negotiations with authorities and train communities on legal rights; reporting and
documenting incidents of violence and the actions of the response system; advocacy, including
networking with other rights groups and sensitizing police; building relationships with the media to
improve public perception about key populations. Report provides multiple case studies of partners
operationalizing systems for different types of violence against key populations.

Guide to implementation provides a step-by-step guide to a crisis response system. (Draft) detailed
guidelines update the guide to implementation. The first section provides background information and
takes users through the steps involved: 1. Assess the need for and nature of crisis response; 2. Organize
the crisis response team; 3. Train the team members; 4. Implement crisis response; 5. Report and
analyze data; 6. Educate the key population and the police; 7. Build public acceptance and support for
crisis response; and 8. Manage crisis response and integrate it with advocacy. The second section
outlines best practices from Avahan’s programs addressing: the structure of crisis response; who
should be on the team; the infrastructure expenses; how team members are selected; how long team
members serve for; how team members are supported; legal support; advocacy committees; steps in
response to a crisis; and communication system. The third section includes example materials that can
be adapted/ replicated, such as: crisis incident report card; hotline card; position description for
members of advocacy committee; and crisis incident register.

<table>
<thead>
<tr>
<th>2. Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong> President’s Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID)</td>
</tr>
<tr>
<td><strong>Year:</strong> 2011</td>
</tr>
<tr>
<td><strong>Region/country:</strong> Global</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong> 1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description:</strong> Guide framed by key program planning steps within which to address GBV: conduct a situational analysis; employ a rights-based and gender-sensitive approach; plan for and support community participation; pay special attention to the needs of young people; identify MARPs; develop a work plan; establish an M&amp;E framework and plan; and budget. Emphasizes the principle of ‘do no harm’ within programs for key populations, including transgender people. This includes through: ongoing staff training; challenging stakeholders on stigma; establishing safe virtual and physical spaces to seek information and referrals; and addressing gender barriers to accessing post-exposure prophylaxis. (Pages 24-25) provide a ‘menu’ of key actions – including in direct service provision, community mobilization and advocacy – to address GBV against key populations. (Page 31) cites specific actions (community-based, health facility-based and structural) within HIV preventions program. Includes lists of useful resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Gender-based Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong> Pehchan: Humsafar Trust (HST), Solidarity and Action against the HIV Infection in India (SAATHII), South India AIDS Action Program (SIAAP), Sangama and Alliance India Andhra Pradesh (AIAP)</td>
</tr>
<tr>
<td><strong>Year:</strong></td>
</tr>
<tr>
<td><strong>Region/country:</strong> India (17 states)</td>
</tr>
<tr>
<td><strong>Areas of programming:</strong> 3. Accountability</td>
</tr>
<tr>
<td><strong>Access:</strong> (In process of being published)</td>
</tr>
</tbody>
</table>
### 4. Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services

**Organization:** Health Policy Initiative, USAID

**Year:** 2009  
**Type of resource:** Policy report

**Region/country:** Global  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Report of literature review on GBV against/among MSM and transgender people (including those that sell sex) and how it affects vulnerability to HIV. Makes recommendations for research, advocacy and action. The latter includes: programs that eliminate related norms, attitudes and behaviors of the general community; health or HIV services that identify violence and incorporate violence-specific counseling; sensitization and training of police on the human rights of MSM and transgender people and their roles in protecting them; social services, such as shelters and livelihood programs, for MSM or transgender people who have been rejected from their home, work or livelihood; and more informal community-based peer support.

### 5. Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors

**Organization:** The Network/La Red

**Year:**  
**Type of resource:** Training guide

**Region/country:** United States (Massachusetts)  
**Language:** English

**Areas of programming:** 2. Protection; 3. Accountability


**Description:** Training guide to support mainstream domestic violence programs to be ‘LGBTQ inclusive’. Addresses myths and facts about intimate partner violence. Takes a step-by-step approach, with guidance/case studies on: assessing needs; training staff; collaborating with others; creating a welcoming environment; and providing services (advocacy, legal advocacy, shelter and support groups).

### 6. (Website and multiple resources)

**Organization:** Anti-Violence Project (AVP) and National Coalition of Anti-Violence Programs (NCAVP)

**Year:** 2013  
**Type of resource:** Website and multiple resources

**Region/country:** USA (New York)  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability


**Description:** Website of organization empowering LGBTQ communities to end all forms of violence through organizing, education and supporting survivors. Work includes Safe Bar/Safe Nights program – a model for venue-based outreach in urban areas. Organization hosts the National Coalition of Anti-Violence Programs which coordinates the National Training and Technical Assistance Center on LGBTQ. The Center’s webpage has more than 30 downloadable resources from across the USA. Many are practical training tools, such as the LGBTQ Power and Control Wheel. Other examples include: LGBTQ Survivor Handbook; Signs of Abuse Checklist; LGBTQ Partner Abuse Brochure; Working with LGBT
Victims of Violence; LGBTQ Terminology Handout; Creating an LGBTQ-Friendly Agency Worksheet; Information for Survivors of Sexual Assault in the LGBTQ Community; and a webinar on a pilot project to provide equal access to mainstream victim services for LGBTQ survivors.

7. **(Website and multiple resources)**

<table>
<thead>
<tr>
<th><strong>Organization</strong></th>
<th>GLBTQ Domestic Violence Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td>2013</td>
</tr>
<tr>
<td><strong>Type of resource</strong></td>
<td>Website</td>
</tr>
<tr>
<td><strong>Region/country</strong></td>
<td>United States (Cambridge, MA)</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming</strong></td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Website focusing on GBV against GLBTQ. Includes definitions of domestic violence, types of abuse, safety planning tips, legal advice and resources for survivors, perpetrators and family members. Provides practical tools, such as on how: a survivor can file a restraining order or get legal support; and a service provider can support LGBTQ victims. Complemented by a 24-hour telephone help line. Also provides an on-line Prezi presentation featuring a short video scenario of domestic violence between MSM and providing basic facts and information.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th><strong>Organization</strong></th>
<th>Botswana Network on Ethics, Law and HIV/AIDS (BONELA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td>2011</td>
</tr>
<tr>
<td><strong>Type of resource</strong></td>
<td>Training guide</td>
</tr>
<tr>
<td><strong>Region/country</strong></td>
<td>Southern Africa</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming</strong></td>
<td>1. Prevention; 3. Accountability</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Participatory training guide that includes Module C11: Domestic Violence Within LGBTI Relationships. Aims to support participants to: identify different forms of domestic violence within LGBTI relationships; identify how violence affects LGBTI people and their partners; recognize that domestic violence within LGBTI relationships is wrong and should be stopped; and understand how to use the new Domestic Violence Act to support action against domestic violence within LGBTI relationships. Includes session outlines for trainers, including case studies, questions and key points.</td>
</tr>
</tbody>
</table>

9. **Screening for Violence Against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand; and Identifying Violence Against Most-At-Risk Populations: A Focus on MSM and Transgenders: Training Manual for Health Providers**

<table>
<thead>
<tr>
<th><strong>Organization</strong></th>
<th>Health Policy Initiative (USAID, AIDSTAR-One)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td>2009</td>
</tr>
<tr>
<td><strong>Type of resource</strong></td>
<td>Training manual and report</td>
</tr>
<tr>
<td><strong>Region/country</strong></td>
<td>Global</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Areas of programming</strong></td>
<td>1. Prevention; 2. Protection</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Report of pilot study in Mexico and Thailand to develop a screening tool to support health providers to: identify violence against MSM and transgender people, including those involved in sex work; facilitate their access to appropriate GBV services; and improve community organization and</td>
</tr>
</tbody>
</table>
health service collaboration. Identifies key criteria to establish before screening, such as ensuring no increased harm to clients.

Training manual on identifying violence against MSM and transgender people, including those that sell sex. For use by an experienced facilitator to deliver a 3-day participatory training workshop for health providers. Based on participatory, learner-centered methods and developed through piloting in Mexico and Thailand. Sections include: 1. Setting the stage; 2. Sexuality and gender; 3. Stigma and discrimination and gender-based violence; 4. Gender-based violence; 5. Gender-based violence, stigma and discrimination and HIV; 6. Responding to GBV in MSM and transgenders – the role of the health sector and other sectors; and 7. Best practices in GBV screening. Provides a screening tool to be adapted to specific contexts and used by health workers to recognize and respond to GBV. The steps include assessing the client’s history of violent experiences and current safety and, as necessary, providing referrals and/or developing a safety plan. Also includes multiple: case studies; frameworks (such as the: cycle of violence in intimate partner relationships; conceptual model of structural violence and vulnerability to HIV and AIDs in MSM and transgenders; and GBV pathways to STIs); handouts (such as on: data on GBV; links between GBV, HIV and most-at-risk populations; what health providers can do about GBV; steps to develop a referral system and directory; developing a client safety plan; guiding principles for treatment of survivors of GBV; and links between GBV and HIV). PowerPoint presentations are also available to support the training.

10. **Crímenes de Odio Contra Población Trans. Documentación y Debida Diligencia**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Centro por la Justicia y el Derecho Internacional (CEJIL), HIVOS / Centre for Justice and International Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2012</td>
</tr>
<tr>
<td>Type of resource:</td>
<td>CD-ROM, multi-media website</td>
</tr>
<tr>
<td>Region/country:</td>
<td>Costa Rica, Honduras, Nicaragua</td>
</tr>
<tr>
<td>Language:</td>
<td>Spanish</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>3. Accountability</td>
</tr>
<tr>
<td>Description:</td>
<td>CD containing documents on: due diligence in the investigation of grave human rights violations; study on hate crimes based on sexual orientation and gender identity in Costa Rica, Honduras and Nicaragua; and a guide for human rights defenders.</td>
</tr>
</tbody>
</table>

11. **Anti-Violence Project (multiple resources)**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Acon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2013</td>
</tr>
<tr>
<td>Type of resource:</td>
<td>Multiple resources including websites and information materials</td>
</tr>
<tr>
<td>Region/country:</td>
<td>Australia (New South Wales)</td>
</tr>
<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
</tbody>
</table>
| Description: | Resources for an Anti-Violence Project (AVP) to support local LGBTI people who have experienced homophobic, transphobic, domestic or family violence. Also supports and trains other LGBTI organizations and mainstream services, such as the police. Examples of resources include:  
- **Is Your Service LGBT Friendly?** – a leaflet to sensitize mainstream health providers and NGOs
- **Another Closet: Domestic Violence in Same-Sex Relationships** – a guide for LGBT people addressing: what same-sex domestic violence is; what to do if you experience violence; how to recover; how to support friends and family; and finding information and support [http://www.acon.org.au/sites/default/files/Another%20Closet%20booklet%202009.pdf](http://www.acon.org.au/sites/default/files/Another%20Closet%20booklet%202009.pdf)

### 12. **Transgender Health Handbook**

**Organization:** Asia Pacific Network of Sex Workers (APNSW)  
**Year:** 2010  
**Type of resource:** Handbook  
**Region/country:** Asia Pacific  
**Language:** English  
**Areas of programming:** 1. Prevention  
**Description:** Handbook for transgender women, including those involved in sex work. Addresses a broad range of health concerns, through questions and answers with 'Big Sister'. Provides tips for safe sex work. Includes a chapter on human rights.

### 13. **The Night is Another Country. Impunity and Violence against Transgender Women Human Rights Defenders in Latin America**

**Organization:** Red Latinoamericana y del Caribe de Personas Trans (REDLACTRANS), International HIV/AIDS Alliance, What’s Preventing Prevention  
**Year:** 2012  
**Type of resource:** Research report  
**Region/country:** Language: English and Spanish  
**Areas of programming:** 1. Prevention; 2. Protection  
**Access:** [http://www.aidsalliance.org/includes/Publication/Violencia-e-impunidad-English-%20Ver1.1.pdf](http://www.aidsalliance.org/includes/Publication/Violencia-e-impunidad-English-%20Ver1.1.pdf)  
**Description:** Report analyzing the testimonies of 55 transgender women in different countries, with a focus on Guatemala and Honduras. The key findings include that: systematic human rights violations (including extrajudicial executions and torture) are committed against transgender people by State actors; transphobia is widespread across State structures at every level and fuels a systematic climate of impunity; and the risk of human rights violations is exponentially increased in the context of sex work. Makes recommendations for state authorities, the international community and civil society.

### 14. **Handbook on Monitoring and Reporting Homophobic and Transphobic Incidents**

**Organization:** International Lesbian and Gay Association (ILGA)-Europe  
**Year:** 2008  
**Type of resource:** Program guide  
**Region/country:** Global  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection  
**Access:** [http://www.ilga-europe.org/home/issues/hate_crime/resources](http://www.ilga-europe.org/home/issues/hate_crime/resources)  
**Description:** Handbook on how to monitor, document and report incidents of homophobic and transphobic violence, using human rights principles.
15. **ILGA-Europe Toolkit for Training Police Officers on Tackling LGBTI-Phobic Crime**

**Organization:** International Lesbian and Gay Association (ILGA)-Europe

**Year:** 2011  
**Type of resource:** Training guide

**Region/country:** Europe  
**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability

**Access:** [http://www.ilga-europe.org/home/publications/reports_and_other_materials/training_toolkit_police_2011](http://www.ilga-europe.org/home/publications/reports_and_other_materials/training_toolkit_police_2011)

**Description:** Comprehensive guide for identifying needs and designing strategies to train the policy in addressing LGBTI-phobic violence. Contains three sections:

- Section 1. Guidance on how to identify training needs and design strategies and training courses to combat LGBTI-phobic violence. This covers: Step 1. Identify the exact training needs in a specific local or national context; Step 2. Define the main aims and objectives of training; Step 3. Formulate a coherent training strategy; and Step 4. Design a coherent training course agenda with competent trainers.
- Section 2. Guidance on how to conduct a training course to combat LGBTI-phobic violence
- Section 3. Guidance on how to evaluate a training to combat LGBTI-phobic violence

16. **Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in the Asia Pacific Region: Regional Consensus Meeting, UNDP, ASEAN, WHO, USAID, UNAIDS, UNESCO and APCOM, 2009.**

Report of a meeting on developing a package of support for MSM and transgender people in Asia Pacific, comprising: HIV prevention; access to HIV treatment, care and support; an enabling environment; and strategic information. Includes recommendations to reduce violence, stigma and discrimination by: training the police, prison service and public security forces; focusing on discrimination in health care; establishing specific community legal services or integrating MSM and transgender support into mainstream services; and coordinating with human rights commissions and other organizations.


17. **Prevention and Treatment of HIV and Other Sexually Transmitted Infections among Men who have Sex with Men and Transgender People: Recommendations for a Public Health Approach, WHO, UNAIDS, GIZ, MSMGF and UNDP, 2011.**

Guidance on an evidence-based package of interventions to prevent and treat HIV and STIs among MSM and transgender people. Targets national public health officials, program managers, NGOs, community groups and health workers. Addresses issues of violence within recommendations on human rights and non-discrimination, calling for legislators and governments to establish anti-discrimination and protective laws.


18. **Human Rights Violations Faced by People Living with HIV and Sexual Minority Populations, Solidarity and Action against the HIV Infection in India (SAATHII), India, 2011.**

Case study of an advocacy coalition of PLHIV and sexual minorities groups, aiming to promote health equity in policies, programs and services. Addresses human rights abuses/violence and identifies priority interventions: reference/mobile library services; phone and e-mail helplines; and legal aid units.


19. **Naming the Phobia: Male-Male Sexualities, Stigma, Discrimination and Violence in South Asia, NAZ Foundation International, 2009.**

Presentation putting violence against MSM and transgender people in South Asia’s political, religious and cultural context. Describes ‘genderphobia’ and the links
between stigma and violence. Provides data on prevalence of GBV against MSM in India, Bangladesh Pakistan and Nepal and provides suggestions to address the challenge.


http://www.iglhrc.org/binary-data/ATTACHMENT/file/000/000/484-1.pdf


http://www.transexualia.org/DOCUMENTACION/consultoriaredlactrans.pdf

22. **Transforming Health: International Rights-Based Advocacy for Trans Health**, Open Society Foundations (OSF), 2013. Advocacy report with 16 case studies by organizations from different countries – describing efforts, mostly led by transgender people themselves – to improve the conditions for transgender people within the contexts of different health systems, resource levels, social settings and legal frameworks. The organizations represented in this report include: local, national, and international advocacy organizations; health care facilities; and the World Health Organization. Issues of violence and harassment are integrated throughout.


23. **Construyendo una Realidad de Derechos. Compilación de Estudios de Caso de Experiencias de Organizaciones de Personas Trans**, La Red Latinoamericana y del Caribe de personas Trans (REDLACTRANS), International HIV/AIDS Alliance and United Nations Joint Program on AIDS (UNAIDS), 2012. Six cases studies highlighting the achievements of REDLACTRANS member organizations in environments of stigma and violence. Examples include the: approval of the Gender Identity Law in Argentina; and government decree to legalize sex work in Uruguay (which gave transgender sex workers the right to health insurance and other benefits like other workers).


26. **My Body is Not Mine: Stories of Violence and Tales of Hope: Voices from the Kothi Community in India**, Naz Foundation International (NFI) and Centre for Media and Alternative Communication (CMAC) in partnership with DFID, **2007**. Report of participatory research among the Kothi community, focusing on their gender/sexuality identity and experiences of violence.
   [http://cmaconline.org/gender1/my-body-is-not-mine](http://cmaconline.org/gender1/my-body-is-not-mine)

27. *(Website)*, Community United Against Violence (CUAV), USA, **2013**. Website providing information about LGBT services such as advocacy-based peer counseling, leadership development, training and safety festivals. Includes an annual report on hate violence and domestic violence.

28. **Elementos para el Desarrollo de la Atención Integral de Personas Trans y sus Comunidades en Latinoamérica y el Caribe**, Pan American Health Organization (PAHO), **2013**. Guide to comprehensive health care for transgender people. Addresses mental health, with attention to confronting stigma, discrimination and violence and promoting resilience. Suggests a clinical pathway for managing physical violence and has a section on care for the consequences of violence.

29. **Guía para Personal de Salud sobre Salud Sexual y Reproductiva y Prevención de la Violencia hacia Población LGBT**, Ministry of Health of the Province of Buenos Aires: Gender Policy Division, **2012**. Includes sections related to violence, including: (section 5) discrimination and violence against LGTB populations; (section 5.2.3) discrimination against transgender people in the health system; and (section) 5.2.4 violence and discrimination against intersex people.

30. **Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia-Pacific Region**, World Health Organization (WHO), United Nations Joint Program on AIDS (UNAIDS) and Asia Pacific Coalition on Male Sexual Health (APCOM), **2010**. Report of consultation, including attention violence and its place within the ‘stigma-sickness slope’.

31. **Gender Abuse, Depressive Symptoms, and HIV and Other Sexually Transmitted Infections Among Male-to-Female Transgender Persons: A Three-Year Prospective Study**, Larry Nuttbrock, Walter Bockting, Andrew Rosenblum, Sel Hwahng, Mona Mason, Monica Macri, and Jeffrey Becker, *American Journal of Public Health* Vol 103 No. 2, **February 2013**. Article on research in New York providing statistical evidence of the link between gender abuse and HIV. Recommends future programs have elements on reducing demonstrated risk factors and confronting gender abuse.

records; and police reports. All indicate that: violence against transgender people starts early in life; they are at risk of multiple types/incidences of violence; and the threat lasts throughout their lives. http://www.scie-socialcareonline.org.uk/profile.asp?guid=fda4c5b4-ac60-4f75-a0bb-4866714c6d4a


4.1. Analysis of existing resources on GBV against PWID

The terminology and methodology used for Part 4 are described in the ‘Definitions and Frameworks for Annotated Bibliography’ section of this document.

The number/breadth, quality and gaps in training and programming resources on GBV against PWID will be analyzed in detail in a Technical Paper to follow this Annotated Bibliography. The Paper will also use that analysis to inform a suggested framework for comprehensive, good practice programs to address GBV against PWID. Here, the following provides a preliminary ‘snap-shot’ of some of the key issues highlighted by Part 4:

Strengths, weaknesses and quality of resources

A modest number of materials related to GBV against PWID were identified – 39 top priority/other resources. The process indicated that comparatively little resource development has taken place in this area compared to, for example, violence against sex workers. Furthermore, while important and useful, many of the identified materials are not ‘true’ training or programming resources. For example, they are case studies or policy reports that could be used to inform such resources, but are not practical materials such as workshop guides, guidelines, budgeting tools or monitoring indicators.

The following provides an overview of the strengths, weaknesses and quality of the resources that were identified, with particular attention to those selected as top priorities. It uses the criteria outlined in the Introduction section of this Annotated Bibliography, in terms of the extent to which the resources:

a. Use a rights-based approach.

An important number of the resources identified for Part 4 were developed by the Eurasian Harm Reduction Network [see key priority resources 1, 2 and 4] – which has played a critical role in promoting and developing gender-sensitive approaches to programs for PWID. These resources pay specific attention to issues of rights – as the basis for programming and action to respond to, in particular, the needs of women who inject drugs. Within some of the other resources identified, it is less evident the extent to which they take a a rights-based approach.

b. Use an empowerment principle and promote collectivization (‘working together’).

Some of the identified resources are clearly and explicitly based on an empowerment approach that promotes action by and for PWID themselves. An example of this is the case study of the work of the STIGMA Foundation in Indonesia [top priority resource 5].

c. Are based on evidence/assessed needs and were developed by/for the key population.

With many of the resources, there was little explicit indication that they were based on a participatory assessment of the needs of PWID and/or that they had been developed by PWID themselves.
However, many of the resources do refer to good practice, such as the integration of GBV within wider programs for PWID. Again, the case study of the STIGMA Foundation in Indonesia [top priority resource 5] is an example — with GBV integrated within a broad program of support for PWID.

A few of the resources reflect programs that have undergone systematic research and evaluation. An example is the community-led crisis responses approach by Avahan in India [top priority resource 3].

d. Address **structural factors** that affect GBV against the key population.

The significant challenge presented by structural factors (such as oppressive policies and legislation) was a consistent ‘backdrop’ to many of the identified resources related to PWID. However, few of them appear to provide practical support on ‘how to respond’ — in terms of training and programming, such as in advocacy to influence a more enabling environment. Avahan’s community-led crisis response approach [top priority resource 3] provides a useful example of a local-level response that involves local stakeholders and decision-makers, alongside PWID themselves.

e. Target the **specific population** (rather than being about key populations in general).

As noted, overall, there were fewer resources identified that specifically address PWID than there were resources for the other groups included in this activity or for key populations in general. Some, however, such as those by the Eurasian Harm Reduction Network, are giving increasing attention to the specific needs of women who inject drugs and, in turn, are including action on GBV, especially intimate partner violence.

f. Indicate potential for **adaption, replication and/or scale-up** in other contexts.

As noted, many of the resources identified for Part 4 came from Eastern Europe and Central Asia— a region with a specific and highly oppressive policy environment in the context of drug use. Practically, the formats of these resources show great potential for replication or scale-up. However, politically, they might require significant adaptation to be useful and appropriate in different policy environments.

g. Have a user-friendly and/or innovative **format**.

The majority of the resources identified for Part 4 are narrative documents (such as reports and case studies) rather than practical training or programming materials. As such, while vital for providing evidence for advocacy and informing training and programming, they are not highly user-friendly. However, some of the exceptions — such as the training packages developed by the Eurasian Harm Reduction Network — are presented in a clear format, such as PowerPoints, handouts and session guides [see top priority resources 1, 2 and 4]. Another exception is the program guide developed by the Avahan project — which takes users step-by-step through the process of designing and implementing a crisis response system for key populations, including PWID [top priority resource 3].

Some of the advocacy materials identified have used more creative formats, such as video testimonies about the ‘real life’ experiences of GBV against women who inject drugs.

Based on those identified for the Annotated Bibliography, a number of **types of resources** for addressing GBV against PWID seem to be absent or under-developed. Examples include resources that:
• Are demonstrably based on the assessed needs of PWID and have been developed by and for such community members.
• Provide practical, step-by-step program tools – such as planning tools, indicators and budgeting tools – to develop and implement interventions to respond to GBV against PWID.
• Facilitate connection of PWID projects to wider GBV services, such as through the development of referral systems or the training of GBV services to be ‘PWID-friendly’.
• Target the perpetrators of GBV against PWID, such as intimate partners, the police or clients (for those who sell sex).

In addition, a number of subject areas seem to be absent or under-addressed in many of the existing resources. Examples of these include:

• The structural factors (such as the legal and policy environment) that affect action on GBV against key populations and, more specifically, the need for drug law reform and decriminalization.
• A broad understanding of GBV – that includes intimate partner violence against women who inject drugs or the partners of PWID, but also addresses GBV perpetrated by the police, community members and (for those who sell sex) clients.
• The intersection of different areas of vulnerability related to GBV, such as for women who inject drugs, sell sex and/or are living with HIV.
• How to respond to the ‘gender dimensions’ of GBV – in terms of not only preventing/addressing acts of violence, but taking action on the negative gender norms and practices that fuel GBV against women in general and women who inject drugs in particular.
• Male PWID experiences of GBV and involvement in responses to GBV.
• GBV against specific types of women in the context of drug use, such as young women, women who sell sex or women who are in prison.

Many of the resources appear to lack a systematic evidence-base, such as in terms of data to demonstrate the scale/nature of the need being addressed and the efficacy of the approach taken. Overall, there appears to be a gap between the ‘true’ training and programming materials identified (and included in the top priority resources) and the more research/academic-orientated materials (some of which are included in the ‘other’ resources). An example of an exception is the crisis response system developed by the Avahan project in India [top priority resource 3 which – through operations research and data collection – has benefited from being piloted, implemented, scale-up and continuously improved.

4.2. Top priority resources on GBV against PWID

The following presents the training and programming resources identified as top priorities – in terms of having the greatest potential for adaptation, replication and/or scale-up for responses to GBV against PWID.
1. **Developing Services for Female Drug Users**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Eurasian Harm Reduction Network (EHRN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td></td>
</tr>
<tr>
<td>Type of resource:</td>
<td>On-line training guide</td>
</tr>
<tr>
<td>Region/country:</td>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description:</td>
<td>Online set of training modules, with 47 files including PowerPoint presentations, session guides, case studies, trainer notes and handouts. Examples of files include:</td>
</tr>
<tr>
<td></td>
<td>• Addressing Domestic Violence Among Women Who Use Drugs – a training PowerPoint presentation addressing what domestic violence is, the causes, national/international law and the relationship between drug use and violence. Slide 13 includes a power and control wheel adapted to women who inject drugs. Presents key services for GBV: counseling; supporting with writing complaints; case management and accompaniment of client to authorities; safety planning; referrals to drug treatment, other health care, legal aid, social services or police; and empowerment and harm reduction. Recommends a combination of: awareness-raising; training for service providers and law enforcement; and structural interventions (with tailored services, shelters and harm reduction).</td>
</tr>
<tr>
<td></td>
<td>• Addressing Domestic Violence in Substance Abuse Treatment for Women – a training hand out covering: interview tips; domestic violence screening; referral; harm reduction; and confidentiality.</td>
</tr>
<tr>
<td></td>
<td>• Safety Tips for You and Your Family – a hand-out for training participants.</td>
</tr>
</tbody>
</table>

2. **Developing Services for Women who Use Drugs**

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Eurasian Harm Reduction Network (EHRN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2010</td>
</tr>
<tr>
<td>Type of resource:</td>
<td>On-line and CD training guide</td>
</tr>
<tr>
<td>Region/country:</td>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>Language:</td>
<td>English and Russian</td>
</tr>
<tr>
<td>Areas of programming:</td>
<td>1. Prevention; 2. Protection; 3. Accountability</td>
</tr>
<tr>
<td>Description:</td>
<td>Online toolkit to assess services for women who inject drugs. Examples (which refer to violence) include:</td>
</tr>
<tr>
<td></td>
<td>• Access to services on the national level for women who inject drugs – an assessment tool</td>
</tr>
<tr>
<td></td>
<td>• Drug dependence treatment for women: assessment tool for city/local/regional level</td>
</tr>
<tr>
<td></td>
<td>• HIV prevention and treatment for women who inject drugs – an assessment tool for city/local/regional level</td>
</tr>
<tr>
<td></td>
<td>• Services provided by non-governmental organizations (harm reduction, human rights protection, peer based organizations of PWID) to women who inject drugs – an assessment tool for city/local/regional level.</td>
</tr>
<tr>
<td></td>
<td>• Government social protection agencies, including the response to domestic violence and child support for women who inject drugs – an assessment tool for city/local/regional level.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Organization:</th>
<th>Avahan and Bill and Melinda Gates Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>2009; 2009; 2013</td>
</tr>
<tr>
<td>Type of resource:</td>
<td>Good practice report; program guide; program guide</td>
</tr>
</tbody>
</table>
## Region/country: India (6 States) | Language: English

### Areas of programming: 2. Protection; 3. Accountability

### Access:
- (TBC – draft document)

### Description:
Report on Avahan’s work to integrate crisis response systems into broader programs with sex workers, MSM, transgender people and PWID. Systems aim to address incidents of violence, act as a deterrent and tackle longer-term issues of crisis. They are implemented by trained teams of key populations. Common actions include: responding to incidents of violence (by police, members of the public, intimate partners or family) immediately; counseling individuals in a crisis to ensure psychosocial, medical and resource support; resolving family or community issues; having a lawyer on call to support negotiations with authorities and train communities on legal rights; reporting and documenting incidents of violence and the actions of the response system; advocacy, including networking with other rights groups and sensitizing police; building relationships with the media to improve public perception about key populations. Report provides multiple case studies of partners operationalizing systems for different types of violence against key populations.


(Draft) detailed guidelines update the guide to implementation. The first section provides background information and takes users through the steps involved: 1. Assess the need for and nature of crisis response; 2. Organize the crisis response team; 3. Train the team members; 4. Implement crisis response; 5. Report and analyze data; 6. Educate the key population and the police; 7. Build public acceptance and support for crisis response; and 8. Manage crisis response and integrate it with advocacy. The second section outlines best practices from Avahan’s programs addressing: the structure of crisis response; who should be on the team; the infrastructure expenses; how team members are selected; how long team members serve for; how team members are supported; legal support; advocacy committees; steps in response to a crisis; and communication system. The third section includes example materials that can be adapted/replicated, such as: crisis incident report card; hotline card; position description for members of advocacy committee; and crisis incident register.

### 4. Domestic Abuse and Other Gender-Based Violence

#### Organization:
Eurasian Harm Reduction Network (EHRN)

#### Year: 2012

#### Region/country:
Eastern Europe and Central Asia

#### Language: English

#### Type of resource: Training guide

#### Areas of programming: 1. Prevention; 2. Protection; 3. Accountability

#### Access: (Being finalized)

### Description:
Comprehensive training package. Defines GBV and helps workers to: understand what it means in human rights terms; recognize that it occurs; and teach survivors self-protective behaviors. (Currently being finalized – more details to follow).

### 5. STIGMA Foundation: Empowering Drug Users to Prevent HIV in Indonesia

#### Organization:
STIGMA Foundation and AIDSTAR-One/USAID

#### Year: 2011

#### Region/country:
Indonesia (Jakarta)

#### Type of resource: Case study

#### Language: English

#### Areas of programming: 2. Protection; 3. Accountability

#### Access: [http://www.aidstar](http://www.aidstar)
Description: Case study of an NGO staffed by PLHIV and former PWID that empowers male and female PWID to live safer and healthier lives through community organizing, advocacy and networking. Describes a context where GBV is illegal, but pervasive – seen by community members as a ‘normal part of being a woman’ and perpetrated by intimate partners, the police and prison authorities. The program combines HIV prevention outreach, needle and syringe exchange and referrals for health care and specific services related to GBV. STIGMA also works with local police, health care workers and government to ensure services and involvement of PWID. Action on violence includes intervention in cases of harassment or harm and provision of access to legal services.

4.3. List of other existing resources on GBV against PWID

The following are other resources identified for the Annotated Bibliography that might be useful for informing training and programming on GBV against PWID. Resources 1 – 7 were ‘short-listed’ as potential top priority resources and, as such, feature a more detailed description:

1. **Screening Tool to Identify High Risk Cases of Domestic Abuse and Violence**
   - **Organization:** Eurasian Harm Reduction Network (EHRN)
   - **Year:**
   - **Region/country:** Eastern Europe and Central Asia
   - **Language:** English
   - **Type of resource:** Screening tool
   - **Areas of programming:** 2. Protection
   - **Description:** Screening tool for project workers to identify cases of domestic abuse and violence against women who inject drugs. Lists warning signs of violence and lists questions to ask clients, such as about their experiences of intimidation, physical violence and sexual violence.

2. **Drug Policies, HIV and Violence Against Women who Use Drugs: The Case of Eastern Europe and Central Asia**
   - **Organization:** Eurasian Harm Reduction Network (EHRN)
   - **Year:**
   - **Region/country:** Eastern Europe and Central Asia
   - **Language:** English
   - **Type of resource:** Presentation
   - **Access:**
   - **Description:** Presentation on how drug policies inter-relate to violence against women who inject drugs and HIV. Slide 5 includes a graphic on where action on GBV fits within gender-sensitive harm reduction. Slide 6 includes a graphic of how violence in health care settings, by police and by intimate partners combine to reduce access to services by women who inject drugs.

3. **HIV and Drug Use: Community Responses to Injecting Drug Use and HIV: Good Practice Guide**
   - **Organization:** International HIV/AIDS Alliance
   - **Year:** 2010
   - **Region/country:** Global
   - **Language:** English
   - **Type of resource:** Good practice guide
   - **Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability
   - **Access:** [http://www.aidsalliance.org/includes/Publication/GPG_drug%20use_07.06.12.pdf](http://www.aidsalliance.org/includes/Publication/GPG_drug%20use_07.06.12.pdf)
   - **Description:** Good practice guide developed in collaboration with Alliance partners. Promotes key
approaches – including gender-sensitivity, harm reduction and community mobilization – for programs for PWID. Lists priority services for women who inject drugs, including ones that: indirectly support action on GBV (such as providing women-specific peer support and education groups); and directly support action (such as establishing links with domestic violence crisis centers and providing legal services). Includes a case study of Social Awareness Service Organisation (SASO) in Manipur, India, which supports women who inject drugs who are the subject of police violence – providing them with free basic health care from a female doctor, counseling services, overdose prevention and management, support groups and referrals to other essential services. SASO also runs a drop-in center and night shelter for homeless women who inject drugs.

4. More Than Just HIV Prevention: Outreach to Most-at-Risk Populations through SIDC in Lebanon

**Organization:** Soins Infirmiers et Développement Communautaire (SIDC) and AIDSTAR-One/USAID

**Year:** 2011

**Type of resource:** Case study

**Region/country:** Lebanon

**Language:** English

**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability

**Access:** [http://www.aidstar-one.com/focus_areas/gender/marps_concentrated_epidemics_series](http://www.aidstar-one.com/focus_areas/gender/marps_concentrated_epidemics_series)

**Description:** Case study of an NGO partnership integrating attention to GBV in support to PWID, sex workers and MSM. Program emphasizes peer outreach, community participation, harm reduction, capacity building, experience sharing and confidentiality. Outreach workers receive standardized training on: vulnerability to HIV; sexuality; stigma related to gender and sexuality; and GBV (detection, counseling and referral). They discuss violence with clients and offer counseling on how to avoid/address it. In some cases, direct interventions are made, such as with one NGO providing shelter to female sex workers, mediating disputes and liaising with the police. Outreach is linked to a referral system – with 52 NGOs offering medical, legal, psychological and social services, including related to GBV. It is also complemented by legal review, advocacy and research work. The lessons include the need to develop specific GBV support for sub-groups of key populations, such as women who inject drugs.

5. Reduction of Violence among Injecting Drug Users through Crisis Response System in Manipur, India

**Organization:** A. Lolikumar Singh, Project ORCHID, Emmanuel Hospital Association

**Year:** 2010

**Type of resource:** Conference paper

**Region/country:** India (Imphal-East)

**Language:** English

**Areas of programming:** 2. Protection


**Description:** Paper exploring impact on self-esteem, stress and depression among PWID due to living with high levels of violence by a range of perpetrators. In response, a community-led crisis response system was set up to address incidents of violence and harassment, act as a deterrent and tackle longer-term issues of crisis. Typical components of crisis response are: 1. Responding to incidents of violence within 24 hours as they occur; 2. Counseling for individuals who have been involved in crisis to ensure they have adequate psychosocial, medical and resource support in the immediate term; 3. Resolving family or community conflicts affecting those in high-risk groups; 4. Networking with lawyers to support negotiations with authorities and train PWID on legal rights; 5. Advocacy, including networking with other likeminded groups/local leaders and sensitization with pressure groups, law enforcement groups and other authorities; 6. Building a relationship with the media to improve public perception about high risk groups; and 7. Reporting of violence to the program and documenting incidents of and actions of the crisis response system. System has increased confidence and access to
6. **Integrating Gender into CARE’s STEP Program in Vietnam**

**Organization:** CARE International in Vietnam (CVN) and AIDSTAR-One/USAID  
**Year:** 2011  
**Type of resource:** Case study  
**Region/country:** Vietnam (An Giang and Can Tho)  
**Language:** English and French  
**Areas of programming:** 1. Prevention

**Access:** [http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/step_vietnam](http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/step_vietnam)

**Description:** Case study on the Striving for Transformation Through Empowered People (STEP) program providing pre and post-release support to PWID and sex workers in detention centers, aiming for men and women to benefit equitably in health, safety and livelihood security. Program works within negative gender norms, with GBV seen as a ‘family matter’ and female sex workers and PWID facing strong stigma. Its objectives are to: reduce the risk of STIs, HIV and hepatitis through gender-sensitive behavior change, both within the centers and in community settings; increase access to gender-sensitive harm reduction and drug dependence support services for men and women who inject drugs; increase the capacity of sex workers and PWID to prevent and avoid GBV; and increase inclusion of returnees and their families in social and economic activities. Program takes place within a wider gender strategy focused on increasing the organization’s understanding, capacity and evidence relating to gender.

7. **Chapter 3: Developing Effective Harm Reduction Services for Women Who Inject Drugs**

**Organization:** International Harm Reduction Association (HRA) (now named Harm Reduction International [HRI])  
**Year:**  
**Type of resource:** Guide  
**Region/country:** Global  
**Language:** English  
**Areas of programming:** 1. Prevention; 2. Protection; 3. Accountability

**Access:** [http://www.ihra.net/files/2012/09/04/Chapter_3.1_women_.pdf](http://www.ihra.net/files/2012/09/04/Chapter_3.1_women_.pdf)

**Description:** Chapter of international guide that emphasizes the impact of violence on women’s ability to practice safer sex and safer drug use. Includes a case study of Humanitarian Action in St Petersburg, Russia, with women who inject drugs, many of whom sell sex. The organization includes attention to GBV in a program that combines: mobile street outreach (providing safer injection and safer sex supplies, including sanitary napkins and women-specific information materials); consultations with doctors, psychologists and social workers; express HIV and pregnancy tests; STI tests; referrals; legal aid; and a crisis apartment (where women and their children can stay if they experience violence or harassment). Chapter states the need for a comprehensive program for women who inject drugs that combines counseling services (to respond to sexual violence and intimate partner violence and address the links between trauma and risky behavior) with other components (such as free SRH care, legal aid and women-only drop-in centers or spaces devoted to women at harm reduction sites).

[http://www.youtube.com/watch?v=1eU21mjuZ3g](http://www.youtube.com/watch?v=1eU21mjuZ3g); and  
[http://www.youtube.com/watch?v=TunsalM3trM](http://www.youtube.com/watch?v=TunsalM3trM)

types of female PWID and their differing levels of vulnerability to a range of violence from different perpetrators. Cites quantitative data of levels and types of GBV experienced from their partners – psychological (55%), physical (49%) and economic (41%) – and how men prevent women from adopting safer behavior, including protected sex. Cites that services needed by women who inject drugs are: training on violence prevention skills; anti-crisis centers; information and education materials on violence; and overall strengthening of women’s leadership.

10. Developing Gender-Sensitive Approaches to HIV Prevention among Female Injecting Drug Users, International HIV/AIDS Alliance in Ukraine, 2011. Evaluation of a project by five NGOs to increase attention to gender in programming. Documents the profile of women who inject drugs (such as their sources of income and drug use practices) and suggests gender-sensitive indicators to measure results (such as the proportion of female clients and women-focused services). Outlines interventions preferred by women, including women-focused outreach, structured training, case management and creating an emotionally and physically safe space.

11. In the Shadows: The Chanura Kol Baseline Study on Women who Inject Drugs in Manipur, India, Chanura Kol Project, Social Awareness Service Organization (SASO) and India HIV/AIDS Alliance, 2011. Report of baseline study among women who inject drugs. Identifies how violence and forced sex – by family members, partners and the wider community – is part of women’s daily existence and combines with unsafe injecting and sexual behavior to make them vulnerable to HIV and poor health. Documents how, in the previous three months, 17% of women experienced physical violence and 15% experienced forced sex. Recommends the development of a package of services to address vulnerability related to drug use, unsafe sex and rights violations; and use of a gender-transformative approach that involves men, provides women with negotiation skills for condom use, addresses GBV (through prevention and response) and empowers women with information on their sexual/reproductive health and rights.

12. Addressing Violence Against Women and HIV/AIDS: What Works?, World Health Organization (WHO) and United Nations Program on AIDS (UNAIDS), 2010. Good practice report, including attention to ‘what works’ for addressing GBV against women who inject drugs. Cites case study of Project Connect, New York, which uses a community-based participatory approach, with counseling and support delivered to women or couples in six two-hour sessions by trained social workers. Emphasizes the need for women to: do safety planning; have access to services related to intimate partner violence; and be supported to assess danger levels, such as partners’ reaction to the introduction of a new HIV prevention option.

13. A Global Examination of Violence in the Lives of Female Injection Drug Users, A. Roberts, B. Mathers and L. Degenhardt, 2010. Conference paper/presentation for the Reference Group to the United Nations on HIV and Injecting Drug Use. Provides evidence of high levels of different types of violence against women who inject drugs (including by intimate partners) and the impact on their injecting and sexual behavior. Cites specific vulnerabilities of women who inject drugs who sell sex. Advocates for programs for women to include psychological services to deal with long-term and varying violence and those for men to include services on anger management, domestic abuse counseling and partner support.
14. *Linkages between Violence-Against-Women and HIV in Asia and the Pacific: Summary of E-discussion*, Asia Pacific Community of Practice (APCOP) on HIV, Gender and Human Rights (including APN+, UNDP, UNWOMEN, OHCHR and UNAIDS), 2012. Report of e-discussion among UN agencies, PLHIV networks, national/local governments, civil society organizations and research institutions. Provides data on prevalence of GBV against key populations and cites factors that put key populations at heightened risk of GBV. Identifies the major barriers to action, including the lack of evidence and services. Makes recommendations for the research agenda, advocacy agenda and interventions. The latter includes that programs for people who inject drugs should: respond to needs and risks of women who inject drugs, including their access to integrated HIV, harm reduction, sexual and reproductive health and violence response services.


15. *Breaking New Ground, Setting New Signposts: A Community-Based Care and Support Model for Injecting Drug Users Living with HIV*, Social Awareness Service Organisation (SASO) and International HIV/AIDS Alliance, 2007. Case study of a comprehensive community-based model in Manipur, India, that acknowledges and responds to gender-specific needs of women who inject drugs or the partners of PWID – who face both intimate partner violence and harassment by the police. Combines a drop-in center with community-based support and capacity building for organizations. Moves beyond a sole focus on harm reduction to emphasize three key approaches: strengthening family support; support groups; and training for doctors and paramedics.


16. *Violence against Women who use Drugs and Access to Domestic Violence Shelters*, Harm Reduction International (HRI), 2013. Advocacy brief articulating how, despite significantly higher levels of domestic violence, women who inject drugs are often unable to access services. Highlights the societal, legal and structural factors that exclude them from shelters and other support. Advocates for universal access to domestic violence services.

http://www.ihra.net/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13.pdf

17. *Submission to UN Special Rapporteur on Violence Against Women: Call for Immediate Action to Stop Violence Against Women who Use Drugs*, Eurasian Harm Reduction Network (EHRN), 2012. Advocacy paper providing evidence on key issues on GBV against women who inject drugs: structural origins of violence against women; police violence; violence in health care settings; and domestic violence. Includes multiple quotations from women about experiences of violence. Makes a collective appeal to the Special Rapporteur on Violence against Women on behalf of women who inject drugs in Ukraine, Russia and Georgia, harm reduction service providers and human rights activists – call for action on prevention, investigation and punishment of GBV.

http://www.igpn.net/ehrn-file/ehrn%20submission%20to%20special%20rapporteur%20on%20violence.pdf


http://www.aidsalliance.org.ua/ru/library/our/2012/dec/5shagov_preview.pdf
19. *Halting HIV by Reducing Violence Against Women: The Case for Reforming Drug Policies in Eastern Europe and Central Asia*, Eurasian Harm Reduction Network (EHRN), 2013. Policy brief outlining the types/consequences of violence against women who inject drugs and how it limits their access to essential services, such as condoms and opioid substitution therapy. Emphasises the role of repressive legal regimes and punitive drug policies in increasing vulnerability. Promotes a strategy focused on: preventing violence; punishing violence; and encouraging women who inject drugs to report acts of violence, with safe mechanisms to do so. http://www.igpn.net/ehrn-file/violance-brief_final-ENG.pdf


21. *Women Who Use Drugs, Harm Reduction and HIV*, Global Coalition on Women and AIDS, 2010. Policy report contextualizing issues related to state violence and intimate partner violence within wider harm reduction and gender-sensitive programming for PWID. Draws the link between: punitive prohibition policies and increased violence against women, including by the police and prison authorities; and cultural and injection practices (such as with women facing violence if they refuse to use a male partner’s unclean equipment). Makes recommendations, including for integrated harm reduction/SRH/HIV and anti-violence programming. http://womenandaids.net/CMSPages/GetFile.aspx?guid=b59f24b2-6f04-4592-b78e-cea9813f6aef

22. *Making Harm Reduction Work for Women: The Ukrainian Experience*, Open Society Institute (OSI), 2010. Report that advocates for services to prevent and respond to domestic violence to be included in a package of support for women who inject drugs (also including components such as legal aid, shelters/social housing and vocational training). http://www.opensocietyfoundations.org/sites/default/files/harm-reduction-women-ukraine_20100429.pdf


26. Physical Violence Among a Prospective Cohort of Injection Drug Users: A Gender-Focused Approach, Brandon D.L. Marshall, Nadia Fairbairn, Kathy Li, Evan Wood and Thomas Kerr, Drug Alcohol Depend, 2008. Summary of research in New York exploring violence among and against PWID. Identifies: common factors that increase vulnerability to violence (such as mental illness, frequent alcohol use and homelessness); and gender differences, such as with women more likely to be attacked by acquaintances, partners and sex work clients, while men are more likely to experience violence from strangers and the police. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2570226/pdf/nihms69533.pdf

27. What Works for Women and Girls: Evidence for HIV/AIDS Interventions, Chapter 4: Prevention for Key Affected Populations, What Works for Women and Girls, 2012. Detailed chapter on the links between vulnerability to HIV and GBV, including for women who are PWID or the partners of PWID. http://www.whatworksforwomen.org/system/attachments/34/original/Prevention_for_Key_Affected_Populations.pdf?1342493628


30. Addressing Vulnerabilities of Women Who Inject Drugs A Community-Based Intervention Model Towards a Holistic Response to Improve Health and Reduce HIV Transmission among Women Who Inject Drugs in Manipur, India, India HIV/AIDS Alliance. Conference poster on Social Awareness Service Organisation (SASO), sharing results of a baseline survey to inform a program that includes attention to GBV and combines a drop-in center, night shelter and short-stay home for women who are PWID or the partners of PWID. http://www.allianceindia.org/publications/11779-poster5_198x297_WEB.pdf


32. Female Injecting Drug Users and Female Sex Partners of Men Who Inject Drugs: Assessing Care Needs and Developing Responsive Services, United Nations Office on Drugs and Crime (UNODC) and National AIDS Control Organisation of India, 2012. Review of national, regional and global
literature on the needs of both women who are PWID or the partners of PWID. Emphasizes how, despite especially high levels of GBV, women who inject drugs in India are less likely than others to access relevant services. Recommends a comprehensive continuum of support.  


34. *Integrating Gender into Programs with Most-At-Risk Populations: Technical Brief*, PEPFAR, USAID and AIDSTAR-One, December 2010. Technical guide exploring the gender-related risks of key populations and providing guidance on the integration of action on gender within programs for sex workers, men who have sex with men, transgender people and people who inject drugs.  
http://www.aidstar-one.com/sites/default/files/Tech%20Brief_Integrating%20Gender%20into%20Programs%20with%20MARPs_web.pdf