

WORKING PAPER

Gender-Based Violence, Criminal Law Enforcement and HIV: Overview of the Evidence and Case Studies of Positive Practices

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1. Summary

- 1.1 Over the last two decades, a growing evidence base shows a link between gender-based violence and the spread of HIV. *Gender-based violence (GBV)* here refers to offenses committed against a non-consenting person based on normative beliefs about gender. GBV ruins lives, not only harmful to its primary victims but toxic to families, communities, and even the perpetrators themselves. This paper focuses on the ways in which GBV increases the risk of HIV for individuals and societies. The physical trauma of rape facilitates HIV transmission. Psychological trauma can increase risky behavior in the future. Fear of GBV can impair the ability to negotiate safer sex. GBV can support a social environment in which victims are shamed and stigmatized, discouraging people who have experienced GBV from seeking HIV health and social services. Reducing GBV among people at risk of HIV is a critical component of a comprehensive effort to create an enabling environment for HIV prevention and care.
- 1.2 Law can play an important part in preventing GBV and helping its victims. Ideally, legal systems that robustly respect, protect and fulfill human rights will ensure that GBV in all its forms is clearly illegal, and will enforce those laws vigorously. They will ensure that no laws are written or enforced in a way that demeans people based on gender. In practice, unfortunately, the law in many places discriminates against or stigmatizes women, sexual minorities and sex workers because some aspect of their identity or behavior contradicts gender norms. Even where the formal law is protective and non-discriminatory, in practice the legal system may fail to protect people from GBV. Too often, police themselves perpetrate GBV.

1.3 Focusing attention on how criminal laws and their enforcement influence GBV is part of a larger movement to identify and address risk factors for HIV at the community and social level. This paper examines the ways in which criminal justice institutions, personnel and practices create risks for GBV and identifies these sites as areas for future intervention. Further, we trace how gender, social status, law and power interact with criminal law enforcement to create widespread harm and risk. The case studies we describe represent real-life efforts to deal with this interaction in all its complexity. All of them work to undo the exclusionary effect of punitive laws and law enforcement practices for groups at heightened risk of GBV through multidisciplinary and integrated efforts. Not all of the approaches we report have been evaluated, but as a group they demonstrate that practical action can be taken to change the laws that police enforce, and the way they behave, to reduce GBV and the risk of HIV.

2. Introduction

2.1 Gender-based violence (GBV) is linked to HIV in many ways.¹ For those who experience domestic or intimate partner violence, lesbian, gay, bisexual and transgender (LGBT) individuals, people who engage in same sex activity but do not identify as gay, and sex workers, GBV is a persistent and pervasive health threat.² GBV causes immediate physical and psychological harm. It also can affect an individual's ability to negotiate safe sex behaviors, and may be a deterrent to seeking social support and health services. Reducing GBV for groups at heightened risk of HIV is an important element of any comprehensive HIV prevention strategy. Interventions that address root causes of GBV not only reduce GBV risk but also can prevent HIV transmission.

2.2 Reducing GBV is an important way to create an enabling social environment for HIV prevention. Law can protect people from suffering GBV by strengthening the social position of those at risk and by deterring or punishing perpetrators. Unfortunately, criminal laws and law enforcement practices too often contribute to the problem of GBV. Legal systems do not always provide effective protection against GBV. Worse, criminal laws and those who enforce them are themselves, in many places, a major source of GBV risk.

2.3 This paper focuses on how criminal laws and enforcement interact with gender to create an environment that places individuals at heightened risk for GBV – and what we can do about it. This focus is representative of a larger movement to identify and address risk factors for HIV at the community and societal level. This paper turns attention from individually targeted interventions (e.g, helping people cope with risks that come from their environment) towards other towards other critical sites of intervention: namely, criminal justice institutions, people and practices, that create risks in the first place. The evidence on criminal law enforcement and GBV we trace in this report reveals how gender, social status, law and power interact to create widespread harm and risk. In particular, we focus on four ways that punitive criminal laws and law enforcement practices can increase the risk for GBV among people vulnerable to HIV:

- Police themselves too often perpetrate GBV
- Punitive laws and law enforcement practices increase the risk of GBV for sex workers
- Criminal justice systems fail to offer accessible and effective protection against and remedies for GBV
- Punitive laws and law enforcement practices reinforce the attitudes that breed GBV

2.4 The case studies we describe represent real-life efforts to deal with these social phenomena in all their complexity. Not all of the approaches we report have been evaluated, but as a group they demonstrate that practical action can be taken to change the laws that police enforce, and the way they behave, to reduce GBV and the risk of HIV.

3. Understanding the Relationship between Gender-based Violence and HIV

3.1 What is Gender-based Violence?

Gender-based violence (GBV) refers to offenses committed against a non-consenting person based on normative beliefs about gender.³ *Gender*, used here, refers to the social attributes and opportunities associated with being male

1 Andersson, Neila, Cockcroft, Aneb, Shea, Bevb, (2008) "Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa," 22 AIDS pp.S73-S86. See also UNAIDS, "Gender & AIDS facts sheets: HIV/AIDS and Gender-based violence,"; see also Ellsberg, Mary and Betron, Myra "Preventing Gender-Based Violence and HIV: Lessons from the Field," available at www.aidslex.org/site_documents/WG-0154E.pdf

2 UNDP (2010) "Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific"; see also Reckart, Michael L. (2005) Sex work harm reduction. *Lancet* 366, 2123-2134; see also Sofia Gruskin and Laura Ferguson (2009) Government regulation of sex and sexuality: in their own words. *Reproductive Health Matters* 17(34) 108-118; see also Rachel Jewkes (2002), Intimate partner violence: causes and prevention, 359: 1423-1429.

3 USAID/ Eastern and Central Africa and UNICEF/ Eastern and Southern Africa, "Strategic Framework for the Prevention and Response to Gender-

and female and the relationships between women and men and girls and boys, as well as the relations between women and between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context- and time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. Gender roles reflect deep-rooted cultural beliefs about the “normal” behaviors for men and women, including sexual behaviors and characteristics. Such beliefs are reinforced by traditional practices, and enforced by custom, law -- and violence.⁴

- 3.2 GBV is distinguished from *violence against women* (VAW), which is just one form of GBV.⁵ While gender-based violence is disproportionately manifested in male violence against women, gender roles also provoke discrimination and violence against LGBT people because their sexual identities are perceived as non-conforming to what is socially normative.⁶ In many countries, LGBT people face discriminatory laws, policies and practices that may even criminalize their sexual behavior or identity.
- 3.3 Acts of gender-based violence implicate a variety of fundamental human rights enshrined in international laws and legal instruments, including the right to life, liberty, autonomy and security; the right to be free from torture and cruel, inhuman, and degrading treatment; the right to equality and non-discrimination; and the right to the highest attainable standard of health. VAW is explicitly addressed in the General Assembly’s Declaration on the Elimination of Violence Against Women (1993). The declaration encompasses sexual, physical, and psychological violence. It recognizes that VAW may be perpetuated against a woman by her family (FGM or rape), community (sexual harassment or intimidation, or trafficking) or the state. State-perpetuated VAW includes laws that fail to sufficiently protect women from violence, police abuse, and the formal or informal “sanctioning and reinforcement of unequal gender relations.”⁷ The UN High Commissioner on Human Rights has noted that violence targeting LGBT people is contrary to “the fundamental principle of universality of rights.” The UN Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment has spoken directly against discrimination against sexual minorities, including against police harassment and brutality.⁸ In 2011, the Human Rights Council passed a resolution on human rights violations based on sexual orientation and gender identity. The resolution not only expressed commitment to the universality of human rights but also expressed concern over violence committed against individuals because of their sexual orientation or gender identity.⁹

3.4 Why is GBV Important for HIV Prevention?

Human beings are social creatures. They live within communities whose norms and values shape their options. Gender inequalities and the gender norms that reinforce them influence sexual behavior and attitudes, access to health information, and coping mechanisms if a person becomes HIV infected or affected. Within a sexual partnership, gender affects decision-making and behaviors regarding sexual health, including whether to use a condom during intercourse. Gender norms that validate aggressive masculinity and subservient femininity are too often seen to justify GBV like marital rape and discourage HIV education among women, placing them at increased health risk.

- 3.5 The association between HIV and GBV is well recognized. The UN General Assembly (UNGA) has repeatedly acknowledged gender equality as a fundamental element in reducing population vulnerability to HIV. In 2011, for example, the UNGA adopted the Political Declaration on HIV/AIDS in which it recognized that discrimination and violence continues to impair the ability of women to protect against HIV infection.¹⁰ In many places, groups that are at heightened risk of HIV infection/ transmission may also experience high rates of GBV.¹¹ Indeed, high prevalence of both HIV and GBV is documented among women in African countries including South Africa, Tanzania, and Kenya,¹²

based violence in Eastern, Southern, and Central Africa.”

4 Yogyakarta Principles, Introduction, March 2007.

5 VAW is defined as, “any act of gender-based-violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (UN Declaration on the Elimination of Violence Against Women).

6 ICASO (2007), “Gender, Sexuality, Rights, and HIV: An Overview for Community Sector Organizations.” See also O’Flaherty, M. and Fisher, J., (2008) “Sexual Orientation, Gender Identity and International Human Rights Law: Contextualizing the Yogyakarta Principles,” *Hum. Rights Law Rev.* 8(2) 207-248.

7 Convention on the Elimination of All Forms of Discrimination Against Women, Art. 2

8 “Report of the Special Rapporteur on the Question of Torture and other Cruel, Inhuman and Degrading Treatment or Punishment,” UN General Assembly, A/56/156, July 3, 2001.

9 United Nations Human Rights Council (2011), Human Rights, Sexual Orientation and Gender Identity, June 15, 2011 (A/HRC/17/L9/Rev.1).

10 United Nations (2011), Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS, June 8, 2011 (A/65/L.77).

11 Campbell, J. C., M. L. Baty, et al. (2008). “The intersection of intimate partner violence against women and HIV/AIDS: a review.” *Int J Inj Contr Saf Promot* 15(4): 221-31.

12 Shamu, S., N. Abrahams, et al. “A systematic review of African studies on intimate partner violence against pregnant women: prevalence

as well as in India.¹³ Cross-sectional research from sub-Saharan Africa and India consistently finds that “women who have experienced physical or sexual partner violence are more likely to be infected with HIV.”¹⁴ Incidence of HIV is also linked to experience of childhood sexual abuse among girls.¹⁵ In the US, studies suggest that rates of adult lifetime physical or sexual IPV are roughly equivalent between HIV-positive and HIV-negative women; more than 60% of women in both groups reported these experiences,¹⁶ however research has found higher *severity* of IPV among HIV-positive relative to HIV-negative women.¹⁷ Finally, cross-sectional studies find that HIV infected women, including in the U.S., are more likely than HIV-negative women to report sexual coercion and 35% of HIV positive women reported rape during adulthood.¹⁸

- 3.6 An association between HIV and GBV has also been documented among LGBT populations. Almost universally, MSM have elevated risk of HIV infection.¹⁹ In the U.S., MSM have been found to have an HIV diagnosis rate 60 times the rate in other men, and 54 times the rate in women.²⁰ Rates of HIV infection among transgender people are thought to be even higher and underreported.²¹ Rates of violence among LGBT people are high as well. For example, rates of intimate partner violence among LGBT people have been found to be similar to rates among heterosexual women.²² A cross-sectional study conducted among MSM in Thailand found that 18.4% of men surveyed had experienced forced sex.²³ In the U.S., prevalence estimates for “psychological/ symbolic battering” was 34% in a large, probability-based sample; 22% for physical battering; and 5% for sexual battering.²⁴ Intimate partner violence often is accompanied by sexual violence in this population.²⁵ One-fifth of U.S.-based MSM have reported experiencing child sexual abuse.²⁶
- 3.7 Cross-sectional studies show that the experience of violence increases HIV risk-taking behaviors among LGBT people. A range of HIV- and STI-related risk behaviors among MSM in studies from the US and Thailand were found to be associated with a history of forced sex, including: unprotected anal sex,²⁷ multiple sex partners, sex work, substance use, early initiation of injection drug use, suicidal ideation, depression, post-traumatic stress disorder,

and risk factors.” *PLoS One* 6(3): e17591; Andersson, N., A. Cockcroft, et al. (2008). “Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa.” *AIDS* 22 Suppl 4: S73-86; Jewkes, R. “HIV/AIDS. Gender inequities must be addressed in HIV prevention.” *Science* 329(5988): 145-7; Campbell, J. C., M. L. Baty, et al. (2008). “The intersection of intimate partner violence against women and HIV/AIDS: a review.” *Int J Inj Contr Saf Promot* 15(4): 221-31.

13 Jewkes, R. (2010) “HIV/AIDS. Gender inequities must be addressed in HIV prevention.” *Science* 329(5988): 145-7.

14 Jewkes, R. (2010) “HIV/AIDS. Gender inequities must be addressed in HIV prevention.” *Science* 329(5988): 145-7. 2004; Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Dunkle, K.L., R.K. Jewkes, H.C. Brown, G.E. Gray, J.A. McIntyre, and Sioban D. Harlow. 2004. “Gender-Based Violence, Relationship Power, and Risk of HIV Infection in Women Attending Antenatal Clinics in South Africa.” *Lancet*, 363(9419): 1415-1421.

15 Jewkes, R. (2010) “HIV/AIDS. Gender inequities must be addressed in HIV prevention.” *Science* 329(5988): 145-7. 2004

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17 Gielen, A. C., K. A. McDonnell, et al. (2001). “Quality of life among women living with HIV: the importance violence, social support, and self care behaviors.” *Soc Sci Med* 52(2): 315-22; McDonnell, K. A., A. C. Gielen, et al. (2003). “Does HIV status make a difference in the experience of lifetime abuse? Descriptions of lifetime abuse and its context among low-income urban women.” *J Urban Health* 80(3): 494-509; Wyatt, G. E., H. F. Myers, et al. (2002). “Does a history of trauma contribute to HIV risk for women of color? Implications for prevention and policy.” *Am J Public Health* 92(4): 660-5.

18 Manfrin-Ledet, L. and D. J. Porche (2003). “The state of science: violence and HIV infection in women.” *J Assoc Nurses AIDS Care* 14(6): 56-68 (quoting Zierler, 2001).

19 Mustanski, B., M. E. Newcomb, et al. (2011) “Relationship characteristics and sexual risk-taking in young men who have sex with men.” *Health Psychol*; UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People. Geneva, UNAIDS.

20 Mustanski, B., M. E. Newcomb, et al. (2011) “Relationship characteristics and sexual risk-taking in young men who have sex with men.” *Health Psychol*.

21 UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People. Geneva, UNAIDS.

22 Heintz, A. J. and R. M. Melendez (2006). “Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals.” *J Interpers Violence* 21(2): 193-208.

23 Guadamuz, T. E., W. Wimonasate, et al. (2009). “Correlates of forced sex among populations of men who have sex with men in Thailand.” *Arch Sex Behav* 40(2): 259-66.

24 Greenwood, G. L., M. V. Relf, et al. (2002). “Battering victimization among a probability-based sample of men who have sex with men.” *Am J Public Health* 92(12): 1964-9.

25 Heintz, A. J. and R. M. Melendez (2006). “Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals.” *J Interpers Violence* 21(2): 193-208.

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27 Arreola, S., T. Neilands, et al. (2008). “Childhood sexual experiences and adult health sequelae among gay and bisexual men: defining childhood sexual abuse.” *J Sex Res* 45(3): 246-52.

and mood-related disorders.²⁸ In bivariate analysis, forced sex among MSM in the United States has also been significantly associated with such HIV correlates as usually practicing receptive only or practicing receptive and insertive anal sex (versus insertive only),²⁹ having ever used drugs, having used drugs in the past 3 months, having had more than one lifetime male intercourse partner (versus one or no partner), and having ever received or given money, gifts, or valuables.³⁰ Several studies in the United States note that experience of childhood sexual abuse among LGBT increase HIV risk behaviors.³¹

- 3.8 Sex workers are at heightened risk for HIV around the world. Sexual minority sex workers may have even greater HIV prevalence than other female sex workers. Transgender sex workers (TFSW) have higher HIV rates than MSM and female sex workers: in a review of 25 studies from 14 countries, HIV prevalence was 27.3% in TFSWs, 14.7% in transgender women not engaging in sex work, 15.1% in male sex workers, and 4.5% in female sex workers.³² Across a range of studies, violence was experienced by as much as three-quarters of the sex worker population. A survey of female, male, and TG SWs (N=475) in South Africa, Thailand, Turkey, the United States, and Zambia, for example, found that 73 percent had experienced physical abuse and 62 percent rape.³³ Likewise, in Cambodia, rates of rape and physical violence perpetrated against freelance transgender sex workers by the police reached 29 percent and 58 percent, respectively.³⁴ A large study of young heroin users in Vietnam found that male SWs in Vietnam who do not necessarily identify as gay were significantly more likely ($p < 0.001$) than male and female non-sex workers to have been forced into sex against their will.³⁵ In Canada, 57% of female sex workers reported experiencing gender-based violence during an 18 month follow up period.³⁶ HIV status has been found to be associated with history of sexual violence among female sex workers in India.³⁷ Studies also document an association between sex worker experiences of violence and HIV risk behaviors.³⁸ For example, multiple experiences of violence,³⁹ and fear of violence⁴⁰ have been found to be associated with inconsistent condom use among female sex workers in Thailand, China and South Africa. Higher rates of HIV among trafficked sex workers may also result, in part, from their greater exposure to violence.⁴¹ In the United States, research among male, female, and transgender sex workers shows a significant association between sexual violence and having a sexually transmitted infection, which increases the risk of HIV infection.⁴²
- 3.9 GBV contributes to HIV infection/ transmission in several ways, including: (1) forced or coercive sexual intercourse with an infected partner and/or increased risk of HIV infection due to the physical trauma of forced sex; (2) limited ability to negotiate safe sex practices in the context of a violent relationship or out of fear of violence; (3) an established pattern of sexual risk taking among individuals who have previously been victimized, possibly for

28 Guadamuz, T. E., W. Wimonasate, et al. (2009). "Correlates of forced sex among populations of men who have sex with men in Thailand." *Arch Sex Behav* 40(2): 259-66.

29 O'Leary, A., D. Purcell, et al. (2003). "Childhood sexual abuse and sexual transmission risk behaviour among HIV-positive men who have sex with men." *AIDS Care* 15(1): 17-26.

30 Guadamuz, T. E., W. Wimonasate, et al. (2009). "Correlates of forced sex among populations of men who have sex with men in Thailand." *Arch Sex Behav* 40(2): 259-66.

31 Mustanski, B., M. E. Newcomb, et al. (2011) "Relationship characteristics and sexual risk-taking in young men who have sex with men." *Health Psychol*; Relf, M. V., B. Huang, et al. (2004). "Gay identity, interpersonal violence, and HIV risk behaviors: an empirical test of theoretical relationships among a probability-based sample of urban men who have sex with men." *J Assoc Nurses AIDS Care* 15(2): 14-26.

32 Operario, D., Soma, T., Underhill, K. (2008) Sex work and HIV status among transgender women. *J Acquir Immune Defic Syndr* 2008;48:97-103

33 Farley, M. and H. Barkan (1998). "Prostitution, violence, and posttraumatic stress disorder." *Women Health* 27(3): 37-49.

34 Jenkins, C., Cambodian Prostitutes' Union, et al. (2006). Violence and Exposure to HIV Among Sex Workers in Phnom Penh, Cambodia. Washington, D.C., Policy Project.

35 Betron, M. and E. Gonzalez-Figueroa. Task Order 1. 2009. *Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening*. Washington, DC: Futures Group International, USAID Health Policy Initiative, Task Order 1 (quoting Clatts, et al., 2007).

36 Shannon, K., T. Kerr, et al. (2009). "Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers." *BMJ* 339: b2939.

37 Sarkar, K., B. Bal, et al. (2008). "Sex-trafficking, violence, negotiating skill, and HIV infection in brothel-based sex workers of eastern India, adjoining Nepal, Bhutan, and Bangladesh." *J Health Popul Nutr* 26(2): 223-31.

38 World Health Organization (2005). Violence against sex workers and HIV prevention. Violence Against Women and HIV/AIDS: Critical Intersections, Information Bulletin Series Issue 3

39 Ratinthorn, A., A. Meleis, et al. (2009). "Trapped in circle of threats: violence against sex workers in Thailand." *Health Care Women Int* 30(3): 249-69.

40 Lin, K., B. McElmurry, et al. (2007). "Women and HIV/AIDS in China: Gender and Vulnerability." *Health Care for Women International* 28: 680-699; Karim, Q. A., S. S. Karim, et al. (1995). "Reducing the risk of HIV infection among South African sex workers: socioeconomic and gender barriers." *Am J Public Health* 85(11): 1521-5.

41 Sarkar, K., B. Bal, et al. (2008). "Sex-trafficking, violence, negotiating skill, and HIV infection in brothel-based sex workers of eastern India, adjoining Nepal, Bhutan, and Bangladesh." *J Health Popul Nutr* 26(2): 223-31.

42 Betron, M. and E. Gonzalez-Figueroa. Task Order 1. 2009. *Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening*. Washington, DC: Futures Group International, USAID Health Policy Initiative, Task Order 1 (quoting Cohan, et al., 2004).

reasons related to victimization (e.g., reduced self-esteem, self-medication with illicit drugs, or depression).⁴³ In addition, some research suggests that the perpetrators of sexual violence against women are themselves more likely to be HIV infected.

3.10 Best documented are the mechanisms that link GBV and HIV in women. The physiological trauma associated with coerced sex increases vulnerability to HIV infection.⁴⁴ In Africa, a history of GBV has been linked to specific HIV-related risk behaviors, including greater likelihood of having multiple partners for both victim and abuser, greater likelihood of transactional sex and unprotected sex, reduced receptivity to prevention information, and reduced access to testing and treatment.⁴⁵ A history of violence has also been associated with having a sexually transmitted infection, a predictor for HIV.⁴⁶ IPV is similarly linked to inconsistent condom use (for fear of appearing unfaithful and because violence within a relationship impairs the victim's negotiating power), poor access to health services, substance use, and risky sexual practices.⁴⁷ Women who have experienced violence may also suffer from psychological or mood disorders that affect risky behavior.⁴⁸ In addition to these mechanisms, research conducted in Bangladesh, South Africa, U.S., and India, indicates that men who rape are more likely to have STIs and risky sexual practices.⁴⁹ In India, research suggests that abusive husbands are more likely to be HIV infected and HIV is more likely to be transmitted in abusive marriages.⁵⁰

3.11 The mechanisms that link GBV to HIV for LGBT people are less well documented than for heterosexual women victims of violence. However, existing research suggests that some mechanisms are likely shared by LGBT people and heterosexual women. Inability to negotiate condom use for fear of violence has been reported by LGBT individuals who experience intimate partner violence⁵¹ and who have experienced battering.⁵² Mechanisms that link childhood sexual violence to increased HIV risky behavior include psychological distress as a result of sexual violence,⁵³ increased likelihood for victims of childhood violence to experience adult violence,⁵⁴ reduced benefit from prevention programs.⁵⁵ Like heterosexual women, LGBT people who have experienced forced sex are more likely to engage in transactional sex.⁵⁶ In addition to these shared mechanisms, LGBT people may engage in high-risk behavior as a result of mood disorders related to the symbolic violence of stigmatizing attitudes. In India, researchers postulated that violence and stigma produced feelings of disempowerment among transgender people (male-to-female). Disempowerment, in turn, created significant levels of suicidal impulses and self-damage which impeded risk reduction behavior.⁵⁷

43 Andersson, N., A. Cockcroft, et al. (2008). "Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa." *AIDS* 22 Suppl 4: S73-86; Campbell, J. C., M. L. Baty, et al. (2008).

44 Andersson, N., A. Cockcroft, et al. (2008). "Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa." *AIDS* 22 Suppl 4: S73-86; Campbell, J. C., M. L. Baty, et al. (2008). "The intersection of intimate partner violence against women and HIV/AIDS: a review." *Int J Inj Contr Saf Promot* 15(4): 221-31.

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47 Campbell, J. C., M. L. Baty, et al. (2008). "The intersection of intimate partner violence against women and HIV/AIDS: a review." *Int J Inj Contr Saf Promot* 15(4): 221-31.

48 Jewkes, R. (2010) "HIV/AIDS. Gender inequities must be addressed in HIV prevention." *Science* 329(5988): 145-7.

49 Jewkes, R. (2010) "HIV/AIDS. Gender inequities must be addressed in HIV prevention." *Science* 329(5988): 145-7.

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51 Heintz, A. J. and R. M. Melendez (2006). "Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals." *J Interpers Violence* 21(2): 193-208.

52 Relf, M. V., B. Huang, et al. (2004). "Gay identity, interpersonal violence, and HIV risk behaviors: an empirical test of theoretical relationships among a probability-based sample of urban men who have sex with men." *J Assoc Nurses AIDS Care* 15(2): 14-26.

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54 Koblin, B. A., L. Torian, et al. (2006). "Violence and HIV-related risk among young men who have sex with men." *AIDS Care* 18(8): 961-7.

55 Mimiaga, M. J., E. Noonan, et al. (2009). "Childhood sexual abuse is highly associated with HIV risk-taking behavior and infection among MSM in the EXPLORE Study." *J Acquir Immune Defic Syndr* 51(3): 340-8; Mustanski, B., M. E. Newcomb, et al. (2011). "Relationship characteristics and sexual risk-taking in young men who have sex with men." *Health Psychol*.

56 Betron, M. and E. Gonzalez-Figueroa. Task Order 1. 2009. *Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening*. Washington, DC: Futures Group International, USAID Health Policy Initiative, Task Order 1 (quoting Best, 2005).

57 Betron, M. and E. Gonzalez-Figueroa. Task Order 1. 2009. *Gender Identity, Violence, and HIV among MSM and TG: A Literature Review and a Call for Screening*. Washington, DC: Futures Group International, USAID Health Policy Initiative, Task Order 1 (quoting Kahn, 2004).

3.12 Among female sex workers in South Africa and Thailand, fear of violence⁵⁸ and experienced violence (including forced sex)⁵⁹ are associated with inconsistent condom use. In South Africa, female sex workers reported that requesting a condom had resulted in physical abuse by clients.⁶⁰

3.13 Given that GBV contributes to HIV transmission, efforts to reduce GBV risk for groups at heightened risk of HIV should be an element of comprehensive HIV prevention. GBV is not only a risk factor for HIV, but also an expression of social attitudes and practices. These attitudes and practices are creating additional HIV risk. They can and should be targeted for risk-reducing interventions.

3.14 How Do Criminal Laws Affect GBV Risk?

In this report, law is broadly defined. It includes “law on the books,” all the Constitutions, statutes, regulations, guidelines, formal policies and court decisions in which the government’s rules are embodied. It includes international law – not least, international human rights law -- as well as national and sub-national law. Law is normally, but not always, established within a formal and explicit system of legal authority. A set of norms may be “law” mainly because people accept them as such.⁶¹ In many countries, customary or religious law is in force, with or without formal recognition in statutes or a Constitution. Law is enforced through institutions – administrative agencies, police forces, courts -- and by people -- bureaucrats, police officers, judges. The “law on the streets” made by these agents and their institutions is often different from the formal law on the books, and reflects a variety of social inequalities, including by race, gender, and class. In ways that are particularly important for understanding behavior, law is also what people subject to law believe it to be. The formal existence of a law against discrimination will not affect the behavior of someone who does not know it exists or does not trust the legal system to fairly enforce it. In other words, while laws on the books that prohibit GBV are necessary, they are not sufficient to stop GBV. Laws “on the street,” including law enforcement practices, must also work to prevent GBV.

GBV typically involves conduct that is a crime. Virtually everywhere, it is a crime to rape, assault, or terrorize another. In many countries, targeting a person based on gender or sexual orientation is a separate crime in and of itself. Sometimes, however, the law makes an invidious exception – rape may be defined to exclude sex forced by a husband. Even where illegal, rape may be tolerated, even regarded in practice as an acceptable behavior in at least some circumstances. Many people vulnerable to GBV are at risk in part because something they do or are – being a sex worker, or identifying as LGBT – has been made a crime. It may be illegal to beat or rape them, but they are in a weak position to protest, let alone file a police complaint.⁶² In such cases, even an effective legal system that generally deters violence may do a poor job with GBV. Many countries struggle with controlling interpersonal violence generally. And throughout the world, poorly trained or supervised police themselves inflict GBV for corrupt purposes or in a misguided effort to fulfill their law enforcement mission. Law is one way of defining and enforcing social norms. It can do so positively by condemning GBV in all its forms; it may do so negatively by adopting punitive policies directed at LGBT people, sex workers or other vulnerable groups.⁶³

3.15 This report highlights four ways in which punitive laws and law enforcement practices can increase the risk for GBV among people vulnerable to HIV:

- Police themselves instigate GBV
- Punitive laws and law enforcement practices increase the risk of GBV for sex workers
- Criminal justice systems fail to offer accessible and effective protection against and remedies for GBV
- Punitive laws and law enforcement practices reinforce the attitudes that breed GBV

3.16 Each of these mechanisms is a problem -- but also an opportunity for practical intervention. Laws can be changed. Even where the law on the books cannot be changed – and even where it is already appropriate – interventions targeting police can make significant improvements in how the law is enforced.

58 Karim, Q. A., S. S. Karim, et al. (1995). “Reducing the risk of HIV infection among South African sex workers: socioeconomic and gender barriers.” *Am J Public Health* 85(11): 1521-5; Lin, K., B. McElmurry, et al. (2007). “Women and HIV/AIDS in China: Gender and Vulnerability.” *Health Care for Women International* 28: 680-699.

59 Ratinthorn, A., A. Meleis, et al. (2009). “Trapped in circle of threats: violence against sex workers in Thailand.” *Health Care Women Int* 30(3): 249-69.

60 Karim, Q. A., S. S. Karim, et al. (1995). “Reducing the risk of HIV infection among South African sex workers: socioeconomic and gender barriers.” *Am J Public Health* 85(11): 1521-5.

61 Tamanaha, B. Z. (2007). “Understanding Legal Pluralism: Past to Present, Local to Global.” *Sydney Law Review* 29.

62 Bott, et al. “Preventing and responding to gender-based violence in middle and low income countries: a multisector literature review and analysis,” (2004) quoting Heise, et al 1999 <http://siteresources.worldbank.org/INTGENDER/Resources/BottVAWpaperfinal.pdf>

63 Goodyear, M. and Cusick, L., “Protection of Sex Workers,” *BMJ* 2007;334: 51-56.

4. Criminal Law and GBV Risk

4.1 Police Abuse

In countries where criminal laws target LGBT or transactional sexual behavior, police abuse of people who engage in those behaviors is well documented. Police abuse can take a variety of forms, including selective prosecution, extortion, physical violence and sexual abuse. Where considerable enforcement discretion exists, the laws create an opportunity for police abuse.

- 4.2 Sex workers are frequent targets of violence – not only by clients and community members but also police. Criminalization of sex work leads to police harassment and abuse.⁶⁴ In some countries, selling sex is not itself illegal, but ancillary activity like keeping a brothel or living off the earnings of a sex worker remain crimes. This can create legal vulnerabilities for sex workers who work in brothels or support families, and sustain the social stigma of sex work. Legal ambiguity and stigma can enable police to use their discretion in harmful ways. In Cambodia and India, for example, sex work is not illegal, but sex workers in both countries have reported police brutality, including rape, illegal arrests and extortion.⁶⁵ In other countries, municipal regulations against “loitering” or “soliciting” are used to target, arrest, and detain sex workers.⁶⁶ Police extortion and coerced sex in exchange for ‘protection’ against enforcement is widely evidenced.⁶⁷ Sex workers who are in an ethnic minority,⁶⁸ migrants,⁶⁹ and transsexual or transgender⁷⁰ are especially vulnerable to police abuse because of their perceived deviant and minority status.⁷¹
- 4.3 Human rights groups and health care advocates have long argued that repressive laws targeting LGBT people are seen to legitimize police oppression and abuse.⁷² Repressive legal regimes that target sexual minorities are found in most low- and middle-income countries.⁷³ Police have been reported to beat individuals suspected of being a sexual minority (Sri Lanka, India, Cameroon, Uganda, Zimbabwe);⁷⁴ encourage public beatings, sometimes to fatal ends (Jamaica)⁷⁵; rape sexual minorities (Nepal, India),⁷⁶ sometimes targeting transgender individuals for sexual abuse (Bangladesh, Nepal, Sri Lanka);⁷⁷ extort sexual minorities (Bangladesh, Cambodia, Fiji, India, Malaysia, Pakistan, Philippines, Singapore), including threatening disclosure of sexual identity to family (India, China);⁷⁸ and detain and

64 Reckart, Michael L. (2005) Sex work harm reduction. *Lancet* 366(9503), 2123-2134.

65 Anonymous (Dec 2002). “Police abuses hinder HIV prevention in Cambodia and India.” *Canadian HIV/AIDS Policy & Law Review* 7(2-3) p.47; 1 M. R. Biradavolu, S. Burris, A. George, A. Jena and K. M. Blankenship. (2009) “Can sex workers regulate police? Learning from an HIV prevention project for sex workers in southern India.” *Social Science and Medicine* (68), 1541-1547.

66 Rights not Rescue, Open Society Institute 2009

67 Arnott, J., & Crago, A.-L.. (2009). *Rights Not Rescue: A Report on Female, Male, and Trans Sex Workers’ Human Rights in Botswana, Namibia, and South Africa*. Open Society Initiative for Southern Africa Sexual Health and Rights Project

68 Rhodes, T., et al., (2008). “Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study.” *British Medical Journal*. 337:a811

69 Arnott, J., & Crago, A.-L.. (2009). *Rights Not Rescue: A Report on Female, Male, and Trans Sex Workers’ Human Rights in Botswana, Namibia, and South Africa*. Open Society Initiative for Southern Africa Sexual Health and Rights Project.

70 Rights Not Rescue, OSI 2009; Setia, M. et al., “Men who have Sex with Men in India: A Systematic Review of the Literature,” *J. of LGBT Health Research*, Vol 4. (2-3) 2008; see also Nichols, A. (2010), “Dance, Ponnaya, Dance! Police Abuse Against Transgender Sex Workers in Sri Lanka,” *Feminist Criminology* 5(2): 195-222.

71 Rhodes, T., et al., (2008). “Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study.” *British Medical Journal*. 337:a811

72 *Alternative Law Forum India*, 2006

73 Caceres, C., Aggleton, P., Galea, J. “Sexual diversity, social inclusion, and HIV/AIDS,” *AIDS* 2008 (Suppl 2) 545-555.

74 While this section focuses on abuse occurring in repressive regimes, it is important to note that India decriminalized same-sex sex acts in 2009. APCOM, UNDP (2010) “Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific.” Nichols, A., “Dance Ponnaya, Dance! Police Abuses Against Transgender Sex Workers in Sri Lanka,” *Feminist Criminology* 5(2010) 195-222. Marks, S., “Global Recognition of Human Rights for Lesbian, Gay, Bisexual and Transgender People,” *J. of Health and Human Rights* 9 (2006) 33-42 (describing police abuse against LGBT).

75 Human Rights Watch, *Hated to Death* (2008).

76 Abuse against LGBT in Nepal has reportedly improved since 2007 because of the Supreme Court’s finding that the Article 16 of the Criminal Code does not apply to male to male sex or sex with a transgender person. Abuse described here is based on a history of abuse prior to 2007. APCOM, UNDP (2010) “Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific.”

77 APCOM, UNDP (2010) “Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific.” See also Nichols, A., “Dance Ponnaya, Dance! Police Abuses Against Transgender Sex Workers in Sri Lanka,” *Feminist Criminology* 5(2010) 195-222.

78 APCOM, UNDP (2010) “Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific.”

arrest individuals (Cambodia, Sri Lanka).⁷⁹ Abusive forensic examinations have reportedly been used in enforcing laws against homosexual behavior (Egypt).⁸⁰

- 4.4 GBV by police and other officials occurs even in the course of enforcing supposedly protective laws. Rape victims may be required to endure scientifically meritless forensic exams, such as invasive vaginal examinations. In India, 'two-finger tests' testing "sexual habituation"⁸¹ torment survivors and reinforce discriminatory gender beliefs. Police abuse thus not only contributes to the pervasive problem of GBV but it also reinforces stigmatizing attitudes in the community. In addition, perceived police discriminatory beliefs can have a long-lasting negative effect in the targeted community. Anti-gay hate crimes are thought to be vastly underreported because, in part, of perceived discriminatory attitudes by police.⁸²

4.5 GBV Issues in the Policing of Sex Work

A growing evidence base shows that criminal laws incentivize risky health behaviors when targeted groups attempt to evade police detection.⁸³ Sex workers, in particular, face increased risk of violence when attempting to evade police detection. Sex workers may look to informal modes of protection from police abuse and harassment that are equally or more dangerous to their welfare. Criminal gangs (South Africa)⁸⁴ and pimps (Russia, Vietnam)⁸⁵ offer informal protection; but may themselves abuse sex workers as well as create a riskier working environment (e.g., prohibiting a sex worker's ability to reject dangerous clients).⁸⁶

- 4.6 Many studies demonstrate that fear of criminal penalty can also influence the ways in which sex workers seek clients, increasing their risk of GBV. Frequent policing displaces street-based sex workers to remote work environments where they are less likely to be found, further isolating them from systems of security and support.⁸⁷ Unfamiliar areas, alleys, and industrial settings are often uninhabited and poorly lit,⁸⁸ contributing to a sex worker's insecurity and inability to judge the safety of a potential transaction.⁸⁹
- 4.7 "Hidden" sex work is linked to sex workers' inability to form solidarity among peer groups and thus greater vulnerability to GBV.⁹⁰ In places such as Russia where individual sex work is subject to administrative fine but brothel-keeping and other organized forms of sex work are subject to criminal penalties, sex workers have an incentive to work alone.⁹¹ Evidence suggests that sex workers working independently from brothels or collective groups have less access to support and other services. Marginalization can be especially harmful to minority sex workers, like undocumented migrant sex workers who fear penalties associated with residency status.⁹² Sex worker collectives

79 APCOM, UNDP (2010) "Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific."

80 See Long, S. (2004) "When Doctors Torture: the Anus and the State of Egypt and Beyond," *J. of Health and Hum. Rights* 7(2) 114-140.

81 See Human Rights Watch (2010) *Dignity on Trial*. In March 2011, the Union Health Ministry reportedly sent a letter to all central government hospitals with instructions that the vaginal "finger test" was no longer mandatory but would be conducted if a doctor felt the test "necessary" and with patient consent. Given the latitude the change allows for doctor discretion, it is unclear whether the policy change will produce practical change. (*India Express*; *Wall Street Journal* March 2011).

82 See generally Herek, G., Cogan, J., Gillis, J., "Victim Experiences in Hate Crimes Based on Sexual Orientation," 58 (2002) 319-339 (describing victim reluctance to report hate crime to police in the United States because of perceived police discriminatory attitudes); see also Rumney, Philip N. S. (2009) 'Gay male rape victims: law enforcement, social attitudes and barriers to recognition,' *The International Journal of Human Rights*, 13: 2, 233 — 250.

83 See generally Blankenship, K. M. and Koester, S., "Criminal Law, Policing Policy, and HIV Risk in Female Sex Workers and Injection Drug Users," *J. of Law Med. and Ethics* 30 (2002): 548-559; Burris, S. et al, "Addressing the 'Risk Environment' for Injection Drug Users: The Mysterious Case of the Missing Cop," *Millbank Quarterly* 82(2004) 125-156.

84 Paule, I and Brener, L., "'You are just whores—you can't be raped': barriers to safer sex practices among women street sex workers in Cape Town," *Culture, Health & Sexuality*, 5 (2003) 465 — 481.

85 Aral, S. et al, "The Social Organization of Commercial Sex Work in Moscow," *Sex Trans. Dis.* 30 (2003) 39-45; see also Elmer, L., "HIV/AIDS Intervention Data on Commercial Sex Workers in Vietnam: A Review of Recent Research Findings," submitted to Natl. AIDS Standing Bureau (2001).

86 International AIDS Alliance and Frontiers Prevention Project. *Sex work, Violence, and HIV: A guide for programmes with sex workers* (May 2008).

87 Shannon, K., T. Kerr et al. (2008). "Social and structural Violence and power relations in mitigating HIV risk of drug-using women in survival sex work." *Social Science & Medicine* Volume 66, Issue 4, February 2008, 911-921; Alexander, P. (1998). *Sex Work and Health: A Question of Safety in the Workplace*. *Journal of American Medical Women's Association*, 53(2), 77-82.

88 Shannon, K., T. Kerr et al. (2008). "Social and structural Violence and power relations in mitigating HIV risk of drug-using women in survival sex work." *Social Science & Medicine* Volume 66, Issue 4, February 2008, Pages 911-921

89 Alexander, P. (1998). *Sex Work and Health: A Question of Safety in the Workplace*. *Journal of American Medical Women's Association*, 53(2), 77-82

90 International AIDS Alliance and Frontiers Prevention Project. *Sex work, Violence, and HIV: A guide for programmes with sex workers* (May 2008)

91 Gable, L., et al. eds. "Legal Aspects of HIV/AIDS: A Guide for Policy and Law Reform," *World Bank Global HIV/AIDS Program and Vice Presidency* (2007) (discussing Russian penalties for sex work).

92 Yi, Huso et al. (2010). "A profile of HIV risk factors in the context of sex work environments among migrant female sex workers in Beijing, China." *Psychology, Health & Medicine* Mar. 2010, Vol. 15 Issue 2, p172-187.

have demonstrated that strengthening civic participation and collective organizing can enable positive changes to sex workers' health and work environments. For example, the Sonagachi Project demonstrates that strong sex worker collectives enable healthy behaviors like increased condom use even when sex work is not completely decriminalized because of strong collective identity, which counters stigma and fortifies individual agency.⁹³

4.8 Protecting Against GBV in Law and the Criminal Justice System

In cases of GBV, researchers emphasize the important role that the criminal justice system can have in helping individuals recover from abuse.⁹⁴ With respect to domestic violence, for example, debate is ongoing about how the criminal justice system can best respond to individuals experiencing abuse.⁹⁵ Yet researchers agree that police report and arrest may be a first step in ending violence for some individuals and increases the chances that potential perpetrators will be deterred.⁹⁶ An individual's ability to access criminal justice in GBV cases may also facilitate psychological and emotional recovery from GBV. For example, male victims of rape who felt unable to access justice for their abusers described deep feelings of rage and depression.⁹⁷

4.9 In some countries, acts of GBV may not be recognized as crimes. Victims may thus be limited in accessing some services, including mental health or protective services. Rape that occurs within a marriage is not recognized as a crime in many countries.⁹⁸ Research suggests that women who experience marital rape not only face repeated rapes but also other forms of violent assault.⁹⁹ Failure to recognize marital rape is a missed opportunity in enabling access to health and legal services. Only 20 countries include sexual orientation as an aggravating circumstance in hate crimes (six of those include gender identity as aggravating grounds).¹⁰⁰ Lack of legal recognition of hate crimes denies individual justice and fails to deter. It can also help keep the violence itself invisible because individuals don't complain and criminal monitoring systems do not collect statistics.

4.10 Criminal justice systems that appropriately criminalize GBV-related crimes can be more or less supportive of victims in ways that can have a decisive impact on outcomes. The International Criminal Court has adopted Rules of Procedure and Evidence that require "gender-sensitive measures to facilitate the participation of victims of sexual violence at all stages of the proceedings," exceeding most national requirements.¹⁰¹ In too many places, evidentiary rules in criminal cases still act as a disincentive to report abuse even if GBV is recognized as a crime. In India, a victim's past sexual history may be presented to discredit a rape charge. As of 2007, the Islamic Republic of Iran required that a woman's testimony of rape be corroborated by four male witnesses or three male and two female witnesses.¹⁰² In many countries around the world, medical documentation of injury related to sexual assault is expected.¹⁰³

4.11 Insufficient protection after reporting rape as a crime is a commonly cited reason for underreporting for both men and women in the United States. The introduction of protective orders to protect victims of domestic violence from immediate threat of abuse after police report has been credited as an important victim-centered legal response

93 Ghose, T., Swedeman, D., George, S., Chowdhury, D., (2008), "Mobilizing collective identity to reduce HIV risk among sex workers in Sonagachi, India: The boundaries, consciousness, negotiation framework," *Soc Sci Med.* 2008 July; 67(2): 311–320.

94 Bell, et al., "Battered Women's Perceptions of Civil and Criminal Court Helpfulness: The Role of the Court Outcome and Process," *Violence Against Women* 17(2011) 71–88.

95 Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R, eds. (2002) *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization.

96 In the United States, studies show that mandatory arrest laws for domestic violence have been linked to greater incidence of intimate partner homicide because of decreased reporting and reprisal for reporting. Iyengar, R. "Does the certainty of arrest reduce domestic violence?" *Journal of Public Economics* 93 (2009) 85–98.

97 Joanna Jamel, "Researching the Provision of Service to Rape Victims by Specially Trained Police Officers: the Influence of Gender – An Exploratory Study," 13 *Crim L.R.* 688 (2010).

98 DuMont, J. and White, D., (2007) "The uses and impacts of medico-legal evidence in sexual assault cases: A global review," *World Health Organization*. (Countries as varied as the Cote d'Ivoire, Ethiopia, Ghana, Guatemala, Joran, Lebanon, Malaysia, and Mozambique do not recognize marital rape).

99 Bergen, R. K. citing Browne Report of the council on scientific affairs. 1-91. Prepared for the American Medical Association.

100 Bruce-Jones, E. and Itaborahy, L. (2011) "A world survey of laws criminalizing same-sex sexual acts between consenting adults," *International Lesbian, Gay, Bisexual, Trans and Intersex Association* available at http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2011.pdf; see also Lorenzo diSilvo, "Correcting Corrective Rape: Carmichele and Developing South Africa's Affirmative Obligations to Prevent Violence Against Women," *Georgetown Law Journal*, Vol. 99, No. 5, 2011.

101 International Criminal Court, "Rules of Procedure and Evidence," New York: 2002 (e.g., Rules 16-19); see also American Non-Government Organizations Coalition for the International Criminal Court, "The International Criminal Court and Gender Crimes," Feb 2008 available www.amicc.org/docs/ICCandGenderCrimes.pdf

102 DuMont, J. and White, D., (2007) "The uses and impacts of medico-legal evidence in sexual assault cases: A global review," *World Health Organization*.

103 Butchart, A., "Violence and Public Health: An Integrated Evidence-Based Approach to Preventing Violence and Domestic Abuse," 2004; See also World Health Organization, "Preventing Intimate Partner and Sexual Violence: Taking action and generating evidence" (2010).

in the United States.¹⁰⁴ Victims of intimate violence in same-sex partnerships, however, may not be eligible for protection orders under state law, despite estimates that the frequency of same-sex intimate violence is the same as in heterosexual couples.¹⁰⁵ In Turkey, civil protection orders are available to individuals who meet the legal definition of spouse, child, or other family members who live under the same roof. Such a definition excludes unmarried and divorced people and people in religious and unregistered marriages.¹⁰⁶

4.12 Laws Reinforcing GBV-Related Beliefs and Attitudes

The definition of certain kinds of actions, attributes, or behaviors as criminal reinforces stigmatizing attitudes surrounding the targeted trait or behavior. In countries where same-sex sex acts carry a criminal penalty, research indicates that LGBT people seek to avoid public detection.¹⁰⁷ Such hiding can be considered a symbolic type of state-sanctioned violence. Hiding is psychologically traumatic; hidden MSM may be compelled to remain silent about GBV for fear of public disclosure about their sexual identity. Individuals who are hidden are also generally less likely to report violence to police or seek mainstream services.¹⁰⁸

4.13 Pervasive discriminatory or stigmatizing attitudes can undermine the services that exist to protect victims of GBV. Normative beliefs about domestic violence have been linked to lack of public support for, and subsequently insufficient provision of, shelters both for battered male¹⁰⁹ and female victims.¹¹⁰ Stigmatizing attitudes held by police can be especially harmful where police are the first line of defense to GBV. For example, a recent study published by Human Rights Watch documents that discriminatory attitudes held by police surrounding domestic violence in Turkey had a corroding effect on law enforcement, resulting both in weak protections for victims of domestic abuse and in worsening abuse.¹¹¹ A study in the UK found that discriminatory attitudes by police, including assumptions about jury treatment of male rape victims, caused some male survivors of rape to withdraw or reconsider rape charges, and worsening depression and anger.¹¹²

4.14 Criminalizing same-sex sex acts reinforces discriminatory attitudes in the public and provokes violence against LGBT people. In 2009, Uganda introduced a draft Anti-Homosexuality Bill that broadened criminal penalty for consensual same-sex sex acts, including the death penalty in some instances.¹¹³ While the Bill was temporarily shelved by the Ugandan parliament, it was re-introduced in February 2012. It is widely believed to have incited new levels of anti-gay violence in the country, including the murder of prominent human rights activist David Kato. In South Africa, human rights groups report that frequent attacks by vigilante groups against LGBT people are tolerated by law enforcement. Closeted MSM may suffer abuse by family members who suspect gay preference.¹¹⁴ Even where laws against same-sex activity are not enforced, researchers in several countries have shown that such laws open the opportunity for other kinds of abuse, such as blackmail, harassment, and violence against LGBT. Some research shows that fear of discrimination among LGBT can be so extensive as to produce GBV within the gay community. In the Eastern European country of Georgia, MSM reported that stigmatizing attitudes tolerated by police resulted in violence among MSM who tried to dispel suspicion of their sexual preferences.¹¹⁵

104 Merry, Sally Engle, "Spatial Governmentality and the New Urban Order: Controlling Gender Violence through Law," *American Anthropologist* 103: 1 (2001) pp.16-29.

105 Palmer (2010) citing American Bar Association Commission on Domestic Violence, Key Statistics 2009. Three states (LA, MT, SC) deny same-sex victims civil protection orders, requiring that partners be of opposite sex. However, victims in LA may be entitled to protection under the Prevention from Dating Violence Act La. Rev. Stat. Ann. 46.2151 (2006). American Bar Association Commission on Domestic Violence, Domestic Violence Civil Protection Orders by State, July 2008.

106 Human Rights Watch, "He Loves You, He Beats You," 2011 (describing Law 4320 on the Protection of the Family).

107 Narrain, A., Dutta, B., (2008) "Male-to-male sex and sexuality minorities in Asia: An analysis of the politico-legal framework," *Alternative Law Forum*; APCOM, UNDP (2010) "Legal environments, human rights, and HIV responses among men who have sex with men and transgender people in Asia and the Pacific." Elizabeth Costenbader, et al. Secrecy and risk among MSM in Tbilisi, Georgia, *AIDS Care*, Vol 21, No. 5, May 2009, 591-597 at 595.

108 See generally Human Rights Watch, "Criminalizing Identities," (2010) (discussing hiding among Senegalese women and not reporting rape to police because of perceived discrimination); see also USAID, "Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services," (2009) (stating that hidden populations are unlikely to access health services); Rhodes, T. and Holland, J., "Outreach as a strategy for HIV prevention: aims and practice," *Health Ed. Research* 7 (1992) 533-546 (describing that hidden populations are unlikely to be reached by health and prevention services).

109 Linda Kelly, "Disabusing the Definition of Domestic Abuse: How Women Batter Men and the Role of the Feminist State," 30 *Florida State Univ. Law Rev.* 791 (2003)

110 Christina L. Millsner-Pollard, "Domestic Violence Laws in Russia: Is Current Law Meeting the Needs of Victims and the Obligations of Human Rights Instruments?" 3 *Colum. J. E. Eur. L.* 145 (2009).

111 Human Rights Watch, "He Loves You, He Beats You," 2011.

112 Joanna Jamel, "Researching the Provision of Service to Rape Victims by Specially Trained Police Officers: the Influence of Gender – An Exploratory Study," 13 *Crim L.R.* 688 (2010).

113 The Anti Homosexuality Bill, Bill No. 18

114 "A report on MSM and the Pacific Region," APCOM, 2007 (discussing MSM in Vanuatu).

115 Elizabeth Costenbader, et al. Secrecy and risk among MSM in Tbilisi, Georgia, *AIDS Care*, Vol 21, No. 5, May 2009, 591-597 at 595.

4.15 Finally, research shows that police crackdowns exacerbate social stigma of sex workers and have resulted in increased violence against sex workers by other individuals, including vigilante groups and police officers themselves.¹¹⁶ Crackdowns reinforce the perceived criminal nature of sex work and are seen to legitimize discriminatory beliefs about the lower status of women, men who have sex with men (MSM), and transgender individuals. Crackdowns produce more chronic and long lasting negative effects for sex workers as well. Raids by law enforcement increase HIV risk for sex workers by often placing them in institutions where they are sexually exploited and physically abused.¹¹⁷ Additional research links instability during police crackdowns to harm in sex workers' personal lives, including escalating domestic violence and homelessness.¹¹⁸

4.16 Targeting the Causes of GBV

GBV is a recognized driver for HIV infection/transmission. HIV prevention efforts should include policies and programs that work to reduce GBV risk. Criminal laws and law enforcement practices are known factors that aggravate GBV risk. Interventions that break the causal chain between criminal law and GBV can reduce GBV incidence – and prevent HIV.

4.17 Around the world, projects and programs have focused on improving the GBV risk environment and enabling healthy policing by affecting policy reform and legal practice. Repealing laws that criminalize an aspect of an individual's social identity, such as sex work or same-sex sex acts, is a first step in creating an enabling environment to reduce GBV risk. Repealing criminal laws that target marginalized groups alone is likely not enough to stop GBV. Multi-pronged and sustained action to remedy the exclusionary effects of criminal laws and law enforcement policies is also necessary. Laws and policing practices can heighten GBV risk in a variety of ways: in creating the opportunity for police abuse, forcing exposure to conditions of detention that enable violence by state agents or others, shaping an individual's access to legal and health services, and reinforcing social stigma. Good practices in each of these areas can facilitate law enforcement to better protect the rights and welfare of vulnerable groups.

4.18 In the past, governments have invested in evaluations to better understand the factors that affect the GBV risk environment and support legal and policy reforms based on those findings. Laws and policies should facilitate and strengthen civil participation of marginalized groups by supporting the creation of multisectoral alliances and peer-based organizing. Enabling legal education and aid to victims can also improve access to the criminal justice system and attendant support services. Law enforcement itself should adopt collaborative, integrated, programs such as linking policing to prosecution, protection, and health services for victims of GBV.

4.19 The following examples of good practices affect GBV risk by one or several of these strategies. Cases were selected from existing good practices documents and from referrals from advocates about model good practices that work to reduce GBV. These examples are meant to illustrate the range of innovative interventions that enable healthy policing directly and more holistically. Evidence of effectiveness may be descriptive in many of these case studies

4.20 Project Name and Location: Strategic LGBT Integration, Scottish Executive, Scotland¹¹⁹

How it enables healthy policing:

- Implementing mechanisms to improve government accountability for reducing GBV risk for LGBT people
- Investing in surveillance of anti-gay hate crimes to inform policy response
- Supporting, facilitating, and strengthening participation of civil society groups
- Facilitating multisectoral collaboration to address concerns expressed by the LGBT community
- Supporting collaboration with police to improve reporting of LGBT hate crimes
- Facilitating service provision to hard-to reach populations

116 Alexander, P. (1998). Sex Work and Health: A Question of Safety in the Workplace. *Journal of American Medical Women's Association*, 53(2), 77-82; see also Arnott, J., & Crago, A. (2009). Rights Not Rescue: A Report on Female, Male, and Trans Sex Workers' Human Rights in Botswana, Namibia, and South Africa. Open Society Initiative for Southern Africa Sexual Health and Rights Project.

117 Amin, A. (2005). Violence Against Women and HIV/AIDS: Critical Intersections: Violence Against Sex Workers. World Health Organization, 1-6.

118 Alexander, P. (1998). Sex Work and Health: A Question of Safety in the Workplace. *Journal of American Medical Women's Association*, 53(2), 77-82

119 Based on interviews with Hilary Third, Team Leader for Equality Policy & Communities of the Equality Unit, Fergus McMillan of LGBT Youth, and Tim Hopkins of Equality Network; also on the Hearts and Minds Agenda Group (2008), "Challenging Prejudice: Changing Attitudes Towards Lesbian, Gay, Bisexual and Transgender People in Scotland."

4.21 Background

The Scottish Executive (i.e., government) provides a unique example of state action to directly and more holistically enable healthy policing for LGBT people. Few national governments have demonstrated equal commitment to supporting projects that address issues identified by LGBT people as important for policy change. The government's Equality Unit works to mainstream equality in government legislation and policy. In recent years, it has developed and implemented a strategic LGBT integration program. The program supports projects that strengthen LGBT civil society and facilitate LGBT peoples' direct engagement with government agencies.

4.22 In 2006, a working group made up of LGBT stakeholders, known as the "Hearts and Minds Agenda Group," was tasked by the Equality Unit with developing an action plan to promote visibility of LGBT rights and issues across government sectors and in the public. Two years later, the Hearts and Minds group published its recommendations for action by government officials, local authorities, LGBT civil society groups, and other stakeholder groups like religious organizations. Also in 2008, the government issued its response to the report, including commitments made by government agencies to the Hearts and Minds recommendations. Since then, the Equality Unit has worked with three major LGBT organizations, as well as a variety of smaller LGBT groups, to implement programming. LGBT organizations have participated in a growing number of projects relevant to LGBT issues and concerns

4.23 Goals and Objectives

To build capacity for LGBT national organizations; to facilitate multisectoral efforts with LGBT and public services to improve LGBT inclusion; to increase LGBT visibility; to reduce LGBT discrimination.

Key Players

Scottish Executive, members of the LGBT community including Equality Network, LGBT Youth Scotland, Stonewall Scotland, Scottish Government Equality Unit.

Actions

- Establishment of Hearts and Minds Agenda Group, facilitated by the Scottish Government Equality Unit and made up of members from national LGBT organizations, in 2006. The group was asked to consider ways in which the government could better promote LGBT rights and reduce homophobic and transphobic discrimination in five areas: Education and Family; Citizenship and Social Capital; Religion and Belief; Media and Leadership; Workplace and Public Services. The group published its recommendations, "Challenging Prejudice: Changing Attitudes Towards Lesbian, Gay, Bisexual and Transgender People in Scotland."
- Publication of Equality Unit's response to "Challenging Prejudice: Changing Attitudes Towards Lesbian, Gay, Bisexual and Transgender People in Scotland," in 2008.
- Direct funding of LGBT programs to support and strengthen LGBT civil society in an effort to promote broader LGBT acceptance. The following are examples of areas of direct involvement:
 - Local capacity building for LGBT civil society, including in rural areas where LGBT communities are less visible, with an end goal of facilitating political participation.
 - The Equality Unit runs a domestic violence program and has recently integrated a component specific to same-sex domestic violence. The program focuses on educating medical providers about the needs of victims of LGBT domestic violence and works with members of the LGBT community to change attitudes about the kinds of services victims can expect. The program focuses on transgender experiences of domestic violence. The Scottish Government is the first in Europe to provide direct funding to a transgender organization (Scottish Transgender Alliance).
- Working with national LGBT groups such as the Equality Network and Youth Scotland to affect policy changes at national and local levels, affecting policy change in law, law enforcement, and other sectors relevant to LGBT security. The following are examples of collaboration between government authorities and supported civil society groups.
 - Community safety. National LGBT groups like the Equality Network were instrumental in adoption of new hate crime legislation that recognizes discrimination based on gender (enacted April 2010). Equality Network reports that legislation was especially important because Scottish law now recognizes gender expression as grounds for increased sentencing; whereas UK law does not yet include discrimination against cross-dressers and transsexuals as grounds for increased sentencing. After enactment in April 2010, the Equality Network also

worked with the Equality Commission, the Crown Agency, and criminal justice officers in trainings to ensure that training supports new law.

- Police reporting. For eight years, the Equality Network has participated in the Crown Office and Prosecutorial Fiscal Service's Equality Advisory Group (COPFS EAG). COPFS is responsible for prosecution and investigation of crimes and complaints made to the police as well as complaints made against the police. Meetings are held every three months. Two meetings are held in Edinburgh and two meetings are held in outer boroughs to enable local prosecution staff to meet with local equality groups. The group has worked on several collaborative efforts. Recently, leaflets addressing LGBT-specific issues relevant to hate crime investigation and policy were produced to address concerns expressed to the EAG (e.g., practical advice on discussing sex orientation with hostile family members of victims, improved sensitivity of trans women during forensic exams).
- LGBT training for police. Two LGBT organizations funded by the Equality Unit, LGBT Youth Scotland and Equality Network, regularly train members of the Crown Service and criminal justice system, including on same sex domestic abuse.
- LGBT youth experiences in domestic violence. In March 2010, the Domestic Violence Unit, in collaboration with LGBT Youth, published *Voices Unheard*. The document aims to ensure that social services better respond to needs of LGBT youth who experience domestic violence. For example, individuals may be less likely to use social services or less likely to come "out" if living in a violent home, and these issues are addressed in a collaborative publication to better equip social services workers.
- Bullying of same-sex youth. Youth Scotland works with Education officials on bullying issues and recently released a bulletin on bullying to raise awareness of the issue among teachers and school officials.
- Same-Sex Domestic Violence. *Stop Domestic Abuse Project* was created to raise awareness of same-sex domestic abuse. The project delivered police training and included a research component to better understand the transgender experience in domestic abuse situations. For example, the Project found that although a high number of transgender individuals reported abuse from partner or ex-partner, a lower percentage recognized domestic abuse as such.

Reported Outcomes

- Hearts and Minds Agenda Group resulted in improved working relations among three national LGBT organizations, the Equality and Human Rights Commission, and Government. Members reported that the workgroup also had the effect of enabling civil society to better understand the policymaking process, paving the way for future collaboration.
- The workgroup and the government response to recommendations resulted in the Equality Unit's ability to draw together a number of different commitments across government agencies on the recommendations made by the group.
- Passage of the Scottish antidiscrimination law requires that government record the number of trans- and homophobic-motivated hate crimes. Previously, records of such crime were unreliable, and there is evidence to show that the law has already resulted in more robust recordkeeping. Records indicate that the number of hate crimes against trans people has increased. For example, in the two years previous to the passage of the law, 350 trans and homophobic reports were reported in total. In the first 3-4 months following enactment, 100 homophobic and transphobic hate crimes were reported. LGBT groups estimate that 3-400 such crimes will be reported in the first year.
- There is evidence of increased inclusion of LGBT interests in government policy. For example, the most recent survey conducted by the Equality Network (2010) found that hate crimes, LGBT bullying, equal marriage law, and discriminatory attitudes were the four major concerns for LGBT in Scotland. The Scottish government is currently working with the national LGBT organizations on three of these four issues (not including equal marriage law).
- There is also evidence of collaboration between law enforcement and LGBT civil society. For example, most recently, changes were made to police protocol in processing transgender people in custody.

4.24 Organization Name and Location: Tais Plus, Kyrgyzstan¹²⁰

How it enables healthy policing:

- Facilitating sex worker access to legal services
- Supporting the creation of multisectoral alliances between sex workers, law enforcement, and justice officials
- Supporting and strengthening civil participation of sex workers
- Training police and judiciary to recognize the needs of victims of GBV

4.25 Background

Tais Plus is an NGO focusing on promoting human rights of sex workers, including MSM and transgender sex workers in Bishkek, Kyrgyzstan. The group has gained wide recognition for its efforts to improve sex worker access to direct legal assistance and for its effective multisectoral collaborations. Stakeholder groups that Tais Plus works with include police, municipal officials, and members of the judiciary. The group remains dedicated to educational programming to improve sex workers' knowledge of their rights.

Since 2003, Tais Plus has been engaged in police training to improve police and sex worker interactions. A pilot program, "Legal Support for People Involved in Sex Work," begun in 2003, offered sex workers direct legal assistance, education about their legal rights, and peer training. The pilot also facilitated collaboration between sex workers and police as well as members of the criminal justice system. In the first year of its operation, the project took on in 76 legal cases involving sex workers. The project, now funded by the Soros Foundation, continues to enable police trainings to improve police attitudes toward sex workers.

4.26 Goals and Objectives

To promote awareness of sex workers' rights, including MSM and transgender sex workers; to educate sex workers about their legal rights; to improve access to direct legal services; to cultivate multisectoral partnerships; to monitor human rights abuses against sex workers; to advocate for legal and police reforms that better protect sex workers' welfare and security; to identify international partners for human rights work.

Key Players

Open Society Institute (OSI); Humanist Institute for Cooperation with Developing Countries (Hivos), Sex Workers Rights Advocacy Network (SWAN); 23 staff members

Actions

- Provides legal aid, including restoration of identity documents, taking statements about experienced crime, and providing legal education to sex workers.
- Peer-based outreach activities build trust between the non-sex worker and sex worker communities. Activities include facilitating sex workers' access to health services, such as HIV prevention and information, and information about other health and legal services.
- Cultivates multisectoral partnerships, including sex worker stakeholder groups like clients and pimps, in its education and prevention campaigns.
- On-going collaboration with members of Parliament and parliamentary commissions to decriminalize sex work in Kyrgyzstan.
- Promotes awareness of sex worker rights and abuse. In January 2011, Tais Plus hosted a roundtable, "Respect of the rights of sex workers to equal protection and equality before the law." Members of the judiciary, government representatives from the Department of the Interior, prosecutors and human rights professionals were invited to listen to sex workers describe violence experienced during work, including at the hands of police. Sex workers described cases of extortion, physical abuse, and theft.

¹²⁰ Based on interview with Shanaz Islamova of Tais Plus, also Csete and Cohen, (2010) "Health Benefits of Legal Services for Criminalized Populations: The Case of People who Use Drugs, Sex Workers, and Sexual and Gender Minorities," *J. of Law, Med., and Ethics* 38 (4) 816-831. UNAIDS (2006) "HIV and sexually transmitted infection prevention among sex workers in Eastern Europe and Central Asia," at 20.

Reported Outcomes

- An estimated 90% of sex workers in the country have contacted Tais Plus for peer support and assistance, evidencing the ability of the NGO to access hard-to-reach populations.
- Tais Plus was an active NGO advocate in the recent decriminalization of sex work in Kyrgyzstan. For example, in 2008, the NGO produced a Shadow Report to the Third Periodic Report of Kyrgyzstan to the Committee on the Elimination of Discrimination Against Women documenting the ways in which criminal law and enforcement created an environment of institutional violence for sex workers.
- There is evidence that legal aid and education efforts have improved understanding about sex worker violence among court officials. For example, a recent court ruling rejecting the defendant's appeal to reverse a verdict finding him guilty of abusing a sex worker is attributed, in part, to Tais Plus' awareness raising campaign.
- In recent years, Tais Plus has played a more visible role in international advocacy for sex worker rights. In 2008, the NGO provided documentation of human rights abuses and violence against sex workers in a 2008 CEDAW Shadow Report.

4.27 Organization Name and Location: Galop, UK¹²¹

How it enables healthy policing:

- Evaluation and monitoring to better understand GBV risk
- Collaboration with police to improve reporting of LGBT hate crimes
- Facilitating service provision to hard-to-reach populations

4.28 Background

Galop is an NGO dedicated to gender equality and the LGBT community in London. Not only does it provide support services to members of the LGBT community who have experienced GBV, but it also works to better understand the GBV risk environment through independent monitoring. Galop collaborates with the Metropolitan Police Services in London to improve police reports of hate crimes against LGBT people. It also works to ensure that its outreach and support services are available to all members of the LGBT community, including hard-to-reach transpeople.

Since 2005, the UK includes "sexual orientation" as an aggravating factor in sentencing for criminal offenses: if the offender is found to have been motivated by or demonstrated discrimination in committing the crime based on sexual orientation, the criminal sentence can be increased (Criminal Justice Act 2003, Section 146 (enacted 4/2005)). Still, official records are not yet believed to be reliable. For example, the British Crime Survey does not ask victims of violence if sexual orientation was the motivating factor in their attack. In general, homophobic hate crimes are still believed to be vastly underreported in London.

4.29 Goals and Objectives

To increase understanding of unreported hate crimes; to create "shared language" to describe hate crimes; to increase collaboration between LGBT voluntary sector and police; to systematize recording of information; to ensure victim access to necessary medical and legal services; to improve police reporting; to discover what services exist for LGBT people; to strengthen relationship between police and Galop.

Key Players

Trust for London, Metropolitan Police Service, Metropolitan Police Authority, Stonewall Housing, London Lesbian and Gay Switchboard, Galop

Actions

- Performed quantitative and qualitative analyses of hate crimes committed in London by mapping current service provision and analyzing whether information was accessible to LGBT people. Qualitative analysis of hate crimes reported to its services, in collaboration with the Metropolitan Police Services, was compiled for a report entitled *Filling in the Blanks*. The report also contained recommendations for future actions to end homophobia and transphobia in the city.

121 Based on interview with Peter Kelley of Galop, U.K; also Stonewall Organization, (2009) "Homophobic hate crimes and hate incidents."

- Provides interactive, confidential, and encrypted online counseling service to members of the LGBT community, and links to an online police report system. The group also manages the “Shoutline” a helpline and casework service that provides services to ongoing cases of GBV.
- The Galop staff includes an Independent Violence Protection Advocate for clients under 25 years old. The Advocate is a case worker specializing in sexual abuse cases who provides support and advocacy for clients.
- With client consent, Galop sends reports to central sources within Metropolitan police (Violence Crime Directorate). The case is recorded on the police system and assigned a reference number in case the client decides to charge. Galop is given the reference number of each case to enable follow up, if needed.
- Provides police training and worked collaboratively with officers in an effort to improve awareness of LGBT hate crimes. It has worked with one-third of London boroughs closely, including follow up for hate crime incidences.
- Participates in the Metropolitan Police Independent Advisory Group. Currently two Galop staff are members of the group. The group provides guidance and advice to police on LGBT specific issues such as responding to critical incidents (e.g., homo or transphobic murder). In addition, members liaise with police to offer advice on behalf of the broader London LGBT community.
- Working to ensure access to services for hard-to reach groups
 - Targeting trans people
 - The Trans Development Project (SHINE) is designed for trans-specific outreach and advocates on behalf of trans people in London, starting with LGBT organizations. The Project produced a toolkit that identifies key ways in which organizations can better include trans-issues in LGBT agendas, “Shining the Light.”
 - Victims of domestic violence
 - Domestic abuse Project (DAP): LGBT community organizations collaborate to provide more comprehensive, victim-centered services for LGBT victims of domestic abuse. For example, GALOP may facilitate police report and assist a victim with accessing criminal justice provided services. GALOP will then liaise with another LGBT organization that can provide specialist housing advice while another organization may offer counseling and group support.
 - Women in same-sex relationships
 - The pan-European project, LARS Project, focuses on violence against women in same sex relationships. Participating LGBT organizations include Galop and other groups based in Austria, Netherlands, Germany, Sweden. GALOP will produce a website based on LARS Project work.

Reported Outcomes

- Pan-London Strategy Group of Metropolitan Police Services extended its membership base and adopted a new multi-agency strategy to address homophobia and transphobia.
- Membership in internal Police committees have allowed Galop to influence police policies relating to LGBT and hate crime follow up, including an inter-borough audit of LGBT liaison officers’ policing practices.
- Galop’s services have increasingly been used to report hate crime violence. Since its reporting services started, there is evidence that Galop has seen an increase in the number of hate crimes reported to the police, either through third party reporters like Galop or directly to police.

4.30 Project Name and Location: VAMP/ SANGRAM, India¹²²

How it enables healthy policing:

- Facilitating investigation and prosecution of sex worker complaints
- Providing sex workers with legal education and legal aid
- Supporting and strengthening sex worker participation in civil society

¹²² Based in interview with Meena Saraswathi Seshu of SANGRAM Sangli; also Canadian HIV/AIDS Legal Network (2007), “A Human Rights Based Commentary on UNAIDS Guidance Note: HIV and Sex Work” and “SANGRAM’s collectives: Engaging Communities in India to Demand their Rights,” (2011); see SANGRAM website, available at <http://www.sangram.org/>

- Supporting the creation of multisectoral alliances between police and sex worker groups
- Monitoring abuse of sex workers

4.31 Background

SANGRAM is an NGO that has targeted its efforts on female sex worker health and safety since 1993. Based in Sangli and operating in six districts within the states of Maharashtra and Karnataka, SANGRAM focuses primarily on HIV-related peer education and HIV prevention and treatment services. Maharashtra has HIV rates four to five times the Indian national average and Sangli has the highest infection rate in the state. In 1996, VAMP was initiated to create an organized collective of women involved in sex work. Currently, 5000 women sex workers participate in VAMP.

4.32 Goals and Objectives

To promote women's rights and improve gender equality in the country; to educate women about their rights; to strengthen sex worker's knowledge of their rights and of their health; to prevent minors from entering sex work by educating women in sex work about child sexual abuse; to stop raids and promote visibility of the negative effects of raids; to help collectives appoint Mohalla Committees (citizen committees that collaborate with police) to monitor abuse by brothel managers; to work with police to keep FSW safe.

Key Players

SANGRAM (Sampada Grameen Mahila Sanstha) is an organization based in Sangli that works in six districts of Maharashtra and Karnataka states. It was formed in 1992. VAMP (Veshya AIDS Muqabla Parishad) is an organization of a collective of 5000 women in sex work. It was formed in 1996.

Actions

- Conducts day-long training sessions for local and state police personnel in Maharashtra and Karnataka to improve treatment of FSWs by police personnel. Training includes information to sensitize police officers to the effects of raids on FSW, their families, and community members.
- Holds police workshops to sensitize police to issues important to FSW safety and health. Topics covered include: HIV/AIDS prevention and treatment information, sex work and laws in India, implications of the law and orders; issues related to the law and roles of the police. In addition, regular advocacy sessions for police are ongoing.
- Provides legal education to women so that they understand that their involvement in sex work does not mean that they "deserve to face violence." In its efforts to educate sex workers about their rights, the group has undertaken several activities.
 - Development of a booklet that describes the rights of FSW, based on ITPA (Immoral Traffic Prevention Act of 1956). The material for the booklet was developed in collaboration with Supreme Court Advocate Rakesh Shukla and contains illustrations and graphics to enable understanding.
 - On a regular basis, three-day training workshops are carried out for all VAMP leaders, who then disseminate information to all members in the region. In addition, VAMP members are invited to participate in training government and NGO officials in the region.
 - VAMP leaders also attend weekly meetings with the grievance mohalla committees to educate committees on sex worker issues and participate in discussions relating to sex worker issues.

Reported Outcomes

- There is evidence that relations between sex workers and police in Sangli have changed since the establishment of VAMP/ SANGRAM. SANGRAM reports that FSW are treated with greater respect after VAMP implemented its model of rights training, backed by collective action and advocacy. For example, sex workers within the Sangli red light district are now able to call on police and receive response when they need assistance whereas police were unresponsive before. Also, police have stopped conducting raids within the red light district (though faith-based foreign anti-trafficking organizations still conduct raids in these areas).
- There is evidence that while police violence has not ended, it has been reduced. For example, the police no longer drag FSWs by their hair upon arrest or abuse them verbally.

- There is evidence of improved sensitization of police officials and subsequent change in police practices. For example, sex workers were once prevented from entering police stations to file complaints of GBV. Now, police routinely file complaints from sex workers.
- Only female police now conduct arrests of FSW to reduce likelihood of physical abuse.

4.33 Project Name and Location: Mobile Access Project, Canada¹²³

How it enables healthy policing:

- Evaluation and monitoring to better understand GBV risk
- Facilitating service provision to hard-to-reach populations
- Providing a safe place to report GBV

4.34 Background

Vancouver is characterized as an “informal tolerance zone,” an area where police do not routinely enforce criminal law and sex workers are active. In 2004, the Mobile Access Project (MAP) was designed to systematically evaluate and modify environmental risks frequently experienced by street-based sex workers. Based on findings from the initial intervention, researchers designed the MAP van. The Project continues to provide needed services to sex workers throughout Vancouver.

Using a peer-based outreach model, the intervention used a mobile van to access sites in the Downtown Eastside of Vancouver where street-based sex workers frequently stroll. MAP staff provided street-based sex workers with a safe place to rest, water and coffee, prevention equipment such as condoms and clean needles, and a place to report client violence, and served as a primary point of support for health services, including drug dependence treatment services. Reports on “bad dates” (“Red Light Alerts,” or “bad date”) are filed by van staff. Today, the MAP van has extended its route from Downtown Eastside to include other parts of Vancouver where street-based sex workers are subject to extreme violence and abuse.

4.35 Goals and Objectives

To increase the number of safe places for street-based sex workers to access harm reduction services; to increase the capacity of sex workers to protect themselves in a high-risk environment; to provide health services for female sex workers; to provide support services for drug dependent female sex workers; to decrease preventable deaths, injuries and illness of sex workers; to better understand the risk factors of street-based sex work in an informal tolerance zone; to study and develop more effective approaches to “bad date” monitoring and reporting; to develop a skill training project for recruiting, training and employing sex workers to participate in the project.

Key Players

A coalition of federal and provincial government officials developed the peer-based mobile outreach program (the Mobile Access Project, or MAP van) with the Women’s Information and Safe Haven (WISH) Drop-In Centre Society, a sex worker service agency, and the Prostitution Alternative Counseling and Education Society (PACE).

The Province of British Columbia provided the van and in August 2009, the BC Ministry of Public Safety and Solicitor General and the Vancouver Agreement partners (an urban development initiative including the BC government and the City of Vancouver) provided funding for continued operation of the van.

Actions

- Operates the mobile access van daily. Staffed by a project coordinator, former and current sex workers, and non-sex workers. It provides trusted security, health services, and referral information. The van provides prevention of violence services against women by peer counseling; resource and referral information; facilitation of access to services and transportation; provision of condoms and clean syringes; emergency medical assistance; and a respite from violence.

123 Based on interview with Kate Gibson, WISH Centre Drop-in Society; also on Kathleen N. Deering, Thomas Kerr, Mark W. Tyndall, Julio S.G. Montaner, Kate Gibson, Laurel Irons, Kate Shannon, “Peer-led mobile outreach program and increased utilization of detoxification and residential drug treatment among female sex workers who use drugs in a Canadian setting,” *Drug and Alcohol Dependence*, 2010; Janssen, P., Gibson, K., Bowen, R., Spittal, P., Peterson, K., “Peer Support using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver’s Downtown Eastside,” *J. of Urban Health* 86(2009)5 pp.804-809.

- Conducted evaluation in 2008 to provide researchers and advocates with information about environmental factors that affect risk of street-based sex worker violence.

Reported Outcomes

- On average, the MAP van provides services to 40 street-based sex workers per evening. In 2008, MAP staff reported that its clients included a high proportion of the most at-risk female sex workers in the city,
- Response to the MAP van from street-based sex workers: 51% reported they did not use the van because they couldn't find it; 23.7% reported that they were unaware of it; 15.5% cited dates as reason for not accessing van; 4.1% reported that using the van would interfere with work. 93.7% reported that the van made them feel safer and appreciated that the van was staffed with women they could relate to.
- There is evidence that street-based sex workers who use it depend on the MAP van as an informal place to find safety and to report violence during work. For example, MAP staff report that women regularly express appreciation for MAP services, including feeling secure in knowing that the van will be present at some point during their work schedules.

4.36 Organization Name and Location: Federation of Women Lawyers (FIDA), Kenya¹²⁴

How it enables healthy policing:

- Conducting independent research and assessment to better understand the effects of national laws on women in Kenya
- Promoting gender equality and transforming normative attitudes about gender
- Providing legal education and legal aid to women
- Facilitating investigation and prosecution of complaints
- Providing police training
- Supporting and strengthening civil participation of women in Kenya

4.37 Background

FIDA Kenya is a non-profit organization dedicated to eliminating discrimination against women in Kenya. The group provides free legal aid to women who have suffered discrimination based on their sex and educates women about their legal rights. The group is also active in national, regional, and international advocacy efforts to improve recognition of the ways that national laws discriminate against women (e.g., property law holds that upon dissolution of marriage, women are not entitled to marital property; domestic violence is not recognized as a crime). The group's advocacy efforts are tied to its many research areas – including documenting GBV against women in the country and GBV post-conflict.

4.37-8 Goals and Objectives

To offer legal services to indigent women; to improve women's awareness of their legal rights; to research and report on violations of women's rights; to advocate for law and policy reform.

Key Players

600 women lawyers and law student members.

Actions

- Improving women's access to legal services and legal aid. These activities include efforts to provide or enable:
 - Self-representation: FIDA empowers women to claim their rights through the formal court system. Currently, there are about 1000 clients representing themselves in court with an 85% success rate in concluded cases. Monthly trainings are provided to claimants by FIDA in addition to psychosocial support. FIDA publishes instruction manuals for self-representation in English and Kiswahili to assist indigent women.

¹²⁴ Based on interview with Claris Ogangah-Onyango, Deputy Executive Director/ Head of Programs FIDA-Kenya; also FIDA website <http://fidakenya.org/about-fida/>.

- Mediation: FIDA provides women with an alternative method in resolving family disputes. Mediations are conducted on a monthly basis. In addition, the group has published a guide for mediators.
- Pro Bono: 200 lawyers in FIDA's network provide free legal services to female clients who require representation in a court of law.
- Public Interest Litigation: The program aims to ensure that national laws conform to international standards, especially with respect to gender equality.
- Traditional Justice Systems: Recognizing the influential role of traditional justice systems in Kenya, FIDA Kenya published a study of traditional justice systems in 2008. The group continues to work with these systems to improve recognition of women's rights, including in the area of family law.
- Operating the Transformative Justice Program, which includes broader advocacy efforts.
 - International Human Rights Monitoring and Research: FIDA Kenya's research activities include research on criminalization of HIV, impact of post-election violence on women and children; development of popular versions of international instruments such as the Great Lakes Protocol on Sexual Violence and Maputo Protocol.
 - Civic engagement: FIDA continues to coordinate with other stakeholder groups in an effort to "sensitize local administration on ...gender and women's rights protection..." Groups include civic and government partners.
- Collaborates with community watch groups that report instances of GBV to FIDA for monitoring, documentation, assessment, and inclusion in FIDA's annual report.
- Participates in the National Commission on Gender Development. Currently, the group is planning to set up gender violence recovery centers around the country.
- Collaborating with the Kenya Police to develop gender lessons for the police training manual. Lessons cover how to handle victims of GBV and other forms of sexual violence. It has conducted special police training at police colleges for the past 10 years, including at Kiganjo training college, the General Service Unit. Lessons include Gender and Human Rights training, instruction specific to GBV and sexual violence.
- Conducts gender-based violence training at the district level. In addition to police, it has conducted trainings with teachers and other officials on GBV, human rights, and the Sexual Offences Act of 2006.

Reported Outcomes

- FIDA Kenya was involved in the drafting of several laws including
 - The Children's Act 2001.
 - Sexual Offences Act 2006.
 - Employment Act
 - Trafficking Bill
 - Gender and Development Policy
 - The Land Policy
- FIDA Kenya contributed to the establishment of the National Commission on Gender and Development.
- FIDA Kenya is a pilot site for the Kenya National Legal Aid and Awareness Programme (NALEAP), providing legal aid to individuals who would not otherwise have access to such services.

4.39 Organization Name and Location: Avahan, India¹²⁵

How it enables healthy policing:

- Supporting the creation of multisectoral alliances

¹²⁵ Based on Gates Foundation, *The Power to Tackle Violence: Avahan's Experience with Community Led Crisis Response in India*, June 2009; Gates Foundation, Avahan website, <http://www.gatesfoundation.org/avahan/Pages/overview.aspx>; and Jha, P., et al., "HIV mortality and infection in India: estimates from nationally representative mortality survey of 1.1 million homes," *BMJ* 2010; 340:c621.

- Facilitating service provision for hard-to-reach populations including sex workers and MSM
- Evaluation and monitoring of GBV for improved protection of sex workers
- Supports self-directed advocacy in communities at risk of GBV by police

4.40 Background

Launched in 2003 by the Bill & Melinda Gates Foundation, Avahan was implemented as a multidimensional intervention to reduce the spread of HIV in India. Female sex workers and MSM, are among those groups with highest prevalence rates of HIV infection, abuse, and discrimination by police. Avahan provides funding and support to HIV prevention programs in the six Indian states with the highest HIV prevalence as well as along the nation's major trucking routes. Groups targeted include those at a high risk for HIV and violence, including sex workers, their partners and clients, MSMs, and IDUs.

4.41 Goals and Objectives

To build an effective "at-scale" HIV intervention model in India; to ensure sustainability of the model; to foster and disseminate lessons learned.

Key Players

Key players include the Bill & Melinda Gates Foundation, and the Government of India, including the India National Aids Control Organization.

Actions

- Conducted studies in two states that showed a link between violence and HIV risk for male and female sex workers and developed programming to respond.
- Developed community crisis development response centers in each of the six states where it works. The centers:
 - facilitate response after GBV (including cases of police and family abuse);
 - provide counseling to victims of abuse and resource support;
 - facilitate community and family resolution affecting high risk groups;
 - facilitate legal aid and education; build relationships with police to enable improved police response;
 - build relationships with media to help transform normative ideas and community attitudes
- Crisis response system is available on a 24-hour basis.
- Developed a rapid response protocol to ensure that instances of violence meet immediate response from crisis centers. The protocol ensures sustained assistance for victims of violence, including management of the media and financial assistance for court appearances.
- Developed a legal response as part of crisis centers, staffed by pro bono lawyers, that provides legal aid and police training.
- Developed a monitoring and documentation system, made possible by a mobile phone network to facilitate crisis response. Collected data through the documentation system is used at the local level in legal cases and used at the national and international levels in advocacy decisions.
- Strengthens multisectoral alliances among police, legal professionals, media groups, and sex workers.

Reported Outcomes

- Avahan currently works with 134 NGOs in 533 towns in 6 states, reaching a population of 272,000 high-risk group members. Monitoring data collected in 2005, indicated that at least 65% of high-risk population members had been contacted at least once through outreach and nearly half of those contacted had visited an STI facility at least once.
- As of December 2008, Avahan included nearly 700 crisis response teams. There is evidence that the project has quickly increased reporting, record and resolution of violence experienced by sex workers. Growing use of the crisis response teams further evidences perceived effectiveness among high risk populations.

4.42 Organization Name and Location: CGIL Roma e Lazio, Italy¹²⁶

How it enables healthy policing:

- Supporting the creation of multisectoral alliances to address GBV
- Working directly with law enforcement to improve understanding of GBV
- Facilitating service provision for LGBT people in Rome

4.43 Background

CGIL Roma e Lazio is the largest confederation of trade unions in Italy. It represents six million workers from public and private sectors. The New Rights Office in Rome and Lazio is a regional office. The group has long demonstrated interest in reducing GBV through its programming, assisting migrant workers and female workers in the past. It has organized seminars alongside the Women's Committee of the Confederation and the Police Officers Union. More recently, it organized police training sessions focused on homophobic and transphobic violence.

National LGBT groups report that LGBT are often targets of violence based on their gender identity in Italy. Recently, a proposal to include discrimination based on gender as grounds for criminal penalty was rejected despite rigorous public debate. The city of Rome has been a site of increasingly visible abuse against LGBT. National advocates attribute the discrimination, in part, to the Vatican's opposition to gay rights. CGIL believes that raising awareness of abuse is critical to reduce abuse and that police training is especially important to protect LGBT in Rome.

4.44 Goals and Objectives

To strengthen government officials' awareness of homophobic and transphobic assault; to broaden a base of support among law enforcement officials for improved LGBT relations; to improve public awareness of hate crimes; and to improve GBV visibility.

Key Players

Municipality of Rome; New Rights Office of CGIL Roma e Lazio; Coordinating Body of LGBT Associations in Rome

Actions

- Planned three training sessions to address LGBT discrimination that were funded by the Municipality of Rome (2005, 2007, and 2010). The sessions trained municipal workers such as police, registry officers, and social workers. In total, 50 police officers have participated to date.
- Held police-specific training sessions about LGBT violence, the first training session of its kind (January 2011). The training was held over the course of eight days, in half-day sessions. Basic concepts for training included education about gender identities, sessions promoting security, practical role-plays, and information about liaising with media and in the context of Vatican policies.
- Supports and provides staff to Gay Helpline. In operation for 5-6 years, the Helpline is a toll free line accessible to all people living in Italy, although it is based in and funded by the municipality of Rome. Legal assistance is provided for those who have suffered discrimination based on gender or HIV status in the workplace. The helpline provides contacts to CGIL's legal services when LGBT require legal assistance (e.g., changing name on national identity cards).

Reported Outcomes

- Three training sessions held with local officials and police
- Increased interest in extending training sessions to other stakeholder groups
- Training sessions exclusively for local police
- CGIL participates in a multisectoral steering body to improve relations between LGBT and police. The group works on antidiscrimination programs and policies under the Observatory for Security against Discrimination Acts (OSCAD), an agreement between police and LGBT associations to collect data and monitor abuse against LGBT.

¹²⁶ Based on interview with Salvatore Marra from the New Rights Office, CGIL Roma e Lazio and ILGA (2010) "Joining forces to combat homophobic and transphobic hate crime: Cooperation between police forces and LGBT organizations in Europe."

4.46 Project Name and Location: Ugly Mugs Program, Merseyside Police Armistead Street Outreach, UK¹²⁷

How it enables healthy policing:

- Supporting the creation of a multisectoral alliance among health services, sex worker groups, and police
- Collaborating with police to improve reporting and investigation of GBV experienced by sex workers
- Facilitating sex worker access to health, police, and justice services
- Monitoring and evaluation of GBV for independent analysis

4.46 Background

The UK Network of Sex Workers Project estimates that 50-80,000 sex workers currently work in the UK. Places of work include massage parlours/ brothels, private flats, escorting (agency, private ads, internet), clubs and pubs, ports, and lorry parks. Sex workers report high levels of work-related violence. Research indicates that 73.5% of sex workers in Liverpool alone have experienced violence in the course of their work, and 48% have been raped at least once. Prior to the implementation of the “Ugly Mugs” campaign in Liverpool, police efforts were limited to targeting sex workers and kerb crawlers (i.e. potential sex worker clients who drive slowly along the curb, seeking sex). The police did not have a long-term strategic solution to address violence against sex workers and did not work with sex worker groups. Sex workers frequently reported that they distrusted police and would not seek police help should they experience client abuse.

Ugly Mugs is an early-alert warning scheme created to record and share instances of client abuse with the sex worker community. The project is a collaborative effort between Armistead Street, a sex worker support and outreach project in Liverpool, and the Merseyside Police to stop and prevent violence against sex workers. The Ugly Mugs scheme takes detailed report of attacks and with permission from the victims can pass the information anonymously to the Merseyside Police for investigation. Police may also circulate reports to patrolling police on the street in areas where sex work occurs. Ugly Mugs staff circulates the alerts and provide support to sex worker victims of violence. First implemented by the Prostitution Collective in Australia in 1986, Ugly Mugs has since been implemented in many regions in the world. The Merseyside program is one of the most collaborative and best-documented efforts of this kind.

4.47 Goals and Objectives

To share knowledge of violent and abusive clients; to prevent violence against sex workers; to facilitate police report of violence against sex workers; to provide support services to sex workers who have been victims of gender based violence; to educate sex workers on their legal rights

Key Players

Armistead Street staff including one full time project worker, one full time Independent Sexual Violence Advisor (ISVA), two part time project workers supported by session outreach drivers; National Health Service (NHS) Liverpool Community Health; Merseyside Police, including Unity Team

Actions

- Collaborated with Merseyside Police to develop the ugly mugs reporting forms and processes.
- Funds a dedicated Independent Sexual Violence Advisor (ISVA) and proactive police liaison to improve relations between police and sex worker community. The ISVA is tasked with collecting reports of violence from sex workers, including early evidence of violent incidents using an early evidence kit, circulating reports and facilitating police report, if desired. The ISVA may also accompany sex workers to police interview, based on sex worker preference.
- Supports sex workers who choose to press charges by assisting them in applying for measures to protect their identities during court appearances and arrange for medicine (e.g., methadone) and accommodations before scheduled court appearances, for example.
- Information from collected forms/ reports is also used for independent monitoring and analysis by Armistead Street.

¹²⁷ Based on interview with Michelle Stoops, Independent Sexual Violence Advisor, Armistead Street Outreach; See also Sanders, T. and Campbell, R., “Designing out vulnerability, building in respect: violence, safety, and sex work policy,” 2007 58(1) 1-19; UK Network of Sex Work Projects, Ugly Mugs and Dodgy Punters, Good Practice Guideline, 2008.

Reported Outcomes

- There is evidence of increased joint work as a result of the Ugly Mugs scheme including investigations, profiling, reciprocal training, sharing practice at national events, video interviewing, vulnerable witnesses, contacting victims, police referrals, court support.
- Internal police policy newly classifies missing sex workers as high priority.
- Conviction rate for crimes against sex workers in Merseyside from 2007 to present is 84%.
- Conviction rate for rapes experienced by sex workers from 2007 to present is 64%.
- Ugly Mugs reports are used by police in investigations and shared with police in areas where sex work occurs.
- Since project began in 2008, 98% of sex workers who experience and report their experience of sexual violence have elected to undergo full forensic medical examination.
- No sex worker who has reported a sexual offense crime has retracted their report or refused to proceed.
- Intelligence from Armistead Ugly Mugs has solved high-profile offenses in Cheshire and the West Midlands.
- There is evidence that Ugly Mugs reports have reduced cost in police investigation and intelligence gathering.

4.48 Project Name and Location: Integrated Approach System, Romania¹²⁸

How it enables healthy policing:

- Linking prosecution, protection and health services for victims of gender-based violence
- Creating multisectoral alliances
- Working to transform public attitudes surrounding domestic violence through collaboration with media groups

4.49 Background

In concert with the UNFPA and the East European Institute for Reproductive Health (EEIRH), Romania implemented the Integrated Approach. The Approach facilitates interagency cooperation to improve care for victims of domestic violence and was created as part of the national effort to reduce domestic violence. UNFPA supported the establishment of pilot crisis centers for survivors for domestic violence in several regions of Romania from 2000-2003. Two of the centers featured shelters that provided a temporary place to stay for women and children without other options.

The Approach is a two-part system. The first facilitates interagency work among 16 organizations. Organizations meet regularly to develop public awareness campaigns and to improve services available to victims and perpetrators of domestic violence. They also collaborate on individual cases to ensure that they are not providing duplicate services. The second component is a standardized data collection and tracking system (Integrated Information System or IIS) shared by the police, emergency medical services, the forensic department, and a women's shelter. The tracking system facilitates the monitoring of services and information sharing. EEIRH is now considering the possibility of developing a Web-based version of the IIS to better respond to institutional changes. Web-based IIS will improve data quality control, reporting and monitoring, and will allow easier data transmission. It may also be used as a research tool to assess the results and effectiveness of the integrated approach.

4.50 Goals and Objectives

To coordinate health, legal, psychosocial, educational and financial support services; to promote trust between victims of gender based violence and healthcare professionals.

Key Players

United Nations Population Fund (UNFPA), Ministry of Labor in Romania, Family and Social Welfare, East European Institute for Reproductive Health (EEIRH).

128 Based on interview with Elena Micheu, Program Coordinator at East European Institute for Reproductive Health; also UNFPA (2009) Partnering with Men to End Gender Based Violence: Practices that Work from Eastern Europe to Central Asia.

Actions

Component 1: Integrated Approach

- Designed a protocol that commits each institution to work on domestic violence and stipulates roles and responsibilities for addressing survivors' needs.
- Established a Domestic Violence Working Group, a regional steering committee with representatives from each institution that meets on a monthly basis to review processes, manage cases, troubleshoot and identify needs to strengthen services.
- Developed an action plan that detailed the interface between institutions, including regular meetings, communication about specific cases, data collection and service provision.
- Trained professionals such as providing standardized training on domestic violence for up to three days for each institution, tailored to specific functions.
- Disseminated information on domestic violence and services for survivors through a newsletter called 'Agora', media campaigns and booths at community functions.

Component 2: Integrated Information System

- Identifying survivors' point of entry for each institution
- Assigning focal points at the district level to collect information and communicate to the central level
- Agreeing on common definitions
- Establishing common indicators at districts and regional levels
- Developing and agreeing upon forms and rules for entering information into the system
- Clarifying how information is to be aggregated and reported
- Designing the software
- Training users of the system

Reported Outcomes

- The institutions have a joint strategy for providing comprehensive services and use a computerized tracking system to monitor the progress of survivors. They continue to meet on a monthly basis.
- The integrated approach and system have contributed significantly to improving the capacity of various institutions in combating domestic violence. For example, early reports indicate that in its first 5 years, 8,000 survivors received assistance in districts covered by the project.
- There is evidence that the Integrated Approach increased professional competence of professionals dealing with domestic violence following the interdisciplinary courses organized by EEIRH.
- The Integrated Information System provided officials with standardized data about domestic violence for the first time. There is evidence that data collection and analysis of domestic violence situation has improved through the implementation of the IIS, changing the situation of underreporting that existed prior to the implementation of the model in the target counties. It also reportedly improved the quality of data and allowed visualization of the incidence and distribution areas or places where events were reported and recorded, streamlining the analysis, diagnosis, intervention, and community authorities' response.
- There is evidence that the project facilitated collective, cross-disciplinary awareness of domestic violence, bringing the subject into public debate, and leading to greater community involvement in reporting cases. Domestic violence is increasingly seen as an important social issue, for example, evidenced by the growing number of initiatives that support domestic violence victims.
- There is evidence of changed police attitudes to domestic violence after implementation of the project. Through collaborating with other institutions to curb domestic violence, police reportedly developed a personal commitment to the cause and demonstrated their commitment to activism. Reciprocally, community attitudes about law enforcement have also changed, with better trust in police ability to protect and help the public.

- Media involvement in preventing and combating domestic violence continues to work with program officials, producing information that educates the community about GBV, risk factors, opportunities and support for both victims and offenders.
- Targu-Mures now has the highest level of reporting on domestic violence in the country; it has demonstrated an increase in service provision and reports decreased repeat offense among clients.
- The model has been expanded to 13 other regions of Romania. The model was also implemented with the support of the Government of Romania, Ministry of Foreign Affairs in the Republic of Moldova in two pilot districts (Drochia and Cahul).
- There is evidence of popular and political support for the Integrated Approach System. Recently, the Committee on Equal Opportunities for Women and Men of the Chamber of Deputies in Romania requested EEIRH to prepare points of discussion for review of Law 217/2003 on preventing and combating domestic violence based on the group's experience with the Integrated Approach system. A multidisciplinary team of EEIRH experts, including a legal advisor, social assistant, psychologist, nurse and physician, prepared a comparative analysis of three legislative initiatives as well as proposals for harmonization and reform. Specifically, EEIRH addressed the existing legislative gaps in preventing and combating domestic violence and proposed practical solutions (e.g., protection order and addressed the need for multisectoral collaboration). Work with the Committee on Equal Opportunities in finalizing language for the final law continues.

4.51 Project Name and Location: Durbar Mahila Samanwaya Committee (“the Sonagachi Project”), Kolkata, India¹²⁹

How it enables healthy policing:

- Supporting and strengthening civil participation of sex worker groups
- Supporting peer-based outreach to promote awareness of rights, health education, prevention and treatment services
- Facilitating multisectoral alliances
- Facilitating sex worker access to health and legal services

4.52 Background

Implemented in 1992, the Sonagachi Project is one of the most widely recognized “empowerment approach” interventions in HIV prevention to date. The Project was designed to increase knowledge of HIV prevention, improve condom use among sex workers, reduce STI in the community, and strengthen solidarity among sex workers. Sonagachi is Kolkata’s largest red light district and is home to over 5,000 sex workers. HIV prevalence among sex workers in cities like Bombay, Delhi, and Chennai is historically high (50-90%) although HIV prevalence among sex workers in Kolkata is 11%. Many attribute this lower prevalence rate to the effects of the Sonagachi Project.

Initially, twelve sex workers were recruited as peer educators in HIV prevention efforts. As the project progressed, it became evident other social factors were contributing to sex workers’ health behaviors and their ability to control their HIV risk, including poverty, familial rejection, community stigma, and hierarchal working relationships with brothel managers and agents. The project expanded its efforts to support FSWs in their daily struggles and to deal with issues such as disputes with customers, neighbors or landlords, the pressure of debt and exploitation and violence.

The Sonagachi project has notably engaged sex workers who communicate with their supervisors and clinic coordinators. Decision-making is performed by people with close ties to what is going on in the streets, allowing for responsiveness to sex workers’ concerns, a local sense of ownership and an expectation that the voices of sex workers be heard. The management positions of supervisors and coordinators were initially filled by non-sex workers, but as the project has evolved, more and more sex workers are filling these positions.

129 Based on Swendeman, D, I Basu, S Das, S Jana, and MJ Rotheram-Borus. “Empowering sex workers in India to reduce vulnerability to HIV and sexually transmitted diseases.” *Social Science Medicine* 69.8 (2009): 1157-66. Ghose, T., Swendeman, D., George, S., & Chowdhury, D. (2008). Mobilizing collective identity to reduce HIV risk among sex workers in Sonagachi, India: the boundaries, consciousness, negotiation framework. *Social Science and Medicine*, 67(2), 311-320. Cornish, Flora and Campbell, Catherine (2009) The social conditions for successful peer education: a comparison of two HIV prevention programs run by sex workers in India and South Africa. *American journal of community psychology*, 44 (1-2). pp. 123-135

4.53 Goals and Objectives

To achieve HIV/ STI prevention goals including: to provide a frame to motivate change to increase knowledge of risk and protective factors for HIV; to build cognitive, affective and behavioral skills; to reduce environmental barriers to change; and to build ongoing social support to sustain change over time.

Leadership by sex workers remains a key priority of the project and leadership training, mentoring and the development of sex worker's management experience are prioritized.

Key Players

The Sonagachi Project was launched in 1992 by the All India Institute of Hygiene and Public Health. The project is a collaboration between government, non-government, and community-based organizations and works in over 40 areas throughout West Bengal. The project seeks to address the population of approximately 60,000 male, female, and transgender sex workers based in brothels, streets and hotels.

WHO, Department for International Development (DfID), Gates Foundation, Indian government, 60,000 sex workers participants in West Bengal

Actions

- Includes three major intervention units: an STD/ HIV intervention, a sex workers community organization, and a micro-finance cooperative.
- *Sex worker's community organization*, known formally as Dunbar Mahila Samanwaya Committee (DMSC), promotes community solidarity and intervention activities.
- Builds multisectoral alliances. DMSC chapters work with other stakeholders to promote HIV prevention and education. Stakeholders include clients and community members, local political clubs, and police.
- Works to transform broader stigmatizing attitudes about sex work in the community. Sex workers regularly face discrimination, taunting and physical abuse that is legitimized by stigmatizing attitudes about sex work. Sonagachi reinforces sex worker beliefs that they are workers like any other, working to support their families rather than doing something negative, as often portrayed in discussions of the nature of the sex trade.

Reported Outcomes

- The project has expanded to cover most of the red light districts in Kolkata and through the state of West Bengal. By 2001, 200 peer educators were working with the program.
- There is evidence that the empowerment intervention strategies reframed sex work as valid work, evidenced by increased disclosure of profession to non-sex workers by self-employed sex workers.
- There is evidence that the Sonagachi interventions improved individuals health behaviors in sexual and workplace negotiations, reflected in increased refusal abilities and ability to change work contract.
- The empowerment interventions also built social support among sex workers by increasing social interactions outside work and helping other sex workers when harassed.

4.54 Organization Name and Location: Alternatives Cameroun, Cameroon¹³⁰

Approach:

- Supporting peer-based outreach to promote awareness of rights, health education, HIV prevention and treatment services
- Facilitating and strengthening civil participation of hard to reach LGBT in Cameroon
- Facilitating LGBT access to health services
- Monitoring violence against LGBT people in Cameroon

¹³⁰ Based on interview with Steave Nemande, President, Alternatives-Cameroun; also Y.F. Yves, "Support the access to information on STI/ HIV/ AIDS for the MSM through the opening of a center of prevention and care of STI/HIV/AIDS adapted to the realities and needs of the MSM in the town of Douala, Cameroon" AIDS 2010

4.55 Background

Alternatives Cameroun was established as a non-profit organization in Cameroon in 2006. The group is a human rights organization, dedicated to the health, welfare, and legal rights of sexual minorities. Alternatives Cameroun provides health services to LGBT people, including HIV prevention, education, and medical consultation. Activities include condom distribution and outreach efforts to hidden MSM populations at informal gatherings held in volunteers' homes. In addition, the group works with legal advocates, recording instances of violence based on sexual orientation and linking victims of abuse who want to report their crimes with police. The group also works to educate MSM and lesbians about their legal rights and has worked internationally to pressure the national government into including LGBT in its health programming.

Cameroon imposes criminal penalties on consensual same-sex sexual acts under Article 347 of the country's Penal Code. In addition, strong social stigmatizing attitudes toward LGBT people in the country create an environment of repression, harassment, and violence.

4.56 Goals and Objectives

To provide LGBT people, including those who have been discriminated against on the basis of gender with health, social and legal services; to promote the human rights of LGBT; to promote inclusion of LGBT in national health programming.

Key Players

Donors in the international community such as the American Foundation for AIDS Research (amfAR); Access Center, a hospital set up by Alternatives Cameroun in 2008, provides medical assistance to sexual minorities; legal staff includes two human rights advocates and monitors; peer volunteers

Actions

- Establishment of the Access Center in 2008 and continued operation of the clinic to serve members of the LGBT community. Initially set up to provide services to MSM, the Center has extended its services to lesbians. The Center provides health services such as HIV, STI, hepatitis screening; provides medical consultations including follow up to STI/HIV. It also has an extensive referral service to connect clients with health centers.
- Strengthening an extensive peer outreach network. Peer outreach includes street-based and bar-based outreach efforts. The group also has developed an internet-based peer support for MSM to better protect MSM privacy.
- Reaching hard to reach MSM through street and bar outreach, online outreach, and the traditional culture of Grins, a meeting of men who gather for social purposes, to identify "hidden MSM" and providing support and educational services to these individuals.
- Monitoring abuses in the LGBT community. Alternatives-Cameroun records instances of violence committed against individuals based on their gender. Since 2006, it has recorded the arbitrary detention of 46 individuals.

Reported Outcomes

- Alternatives Cameroun provides services to a growing number of MSM in Douala. For example, average visits to the Access Center per month increased from 210 in 2008 to 325 in 2009.
- There is also evidence that the group is creating international alliances to protect LGBT rights in Cameroon. For example in May 2011, the group joined Human Rights Watch and Association pour la Défense de l'Homosexualité (ADEFHO) in a letter petitioning Cameroonian officials to review the country's criminal sodomy law and protesting the March arrest, conviction and sentencing of Roger Jean-Claude Mbede under the law.
- Internet outreach effort has reportedly increased visits to the Center's primary health services.

4.57 Project Name and Location: Working with Police and Challenging Hate Crime, ILGA Europe¹³¹

How it enables healthy policing:

- Facilitating LGBT access to legal services

¹³¹ Based on interview with Joel Le Deroff, Policy and Programmes Officer at ILGA-Europe, also ILGA, Working with Police and Challenging Hate Crime.

- Training police and judiciary to recognize the needs of victims of GBV
- Supporting the creation of multisectoral alliances
- Evaluation, monitoring, and dissemination of best practices dedicated to healthy policing in the region

4.58 Background

International Lesbian and Gay Association (ILGA) Europe is one of the largest NGO federations in Europe. It aims to facilitate national NGO work by identifying good practices and disseminating information through its regional network as well as promoting policy change through regional policymaking mechanisms. The ILGA-Europe project, *Working with Police and Challenging Hate Crime*, seeks to affect international policy change through European institutions like the European Union, the Council of Europe and the Organization of Security and Cooperation in Europe (OSCE). In addition, it seeks to develop tools designed to improve LGBT and police engagement, including promoting police practices that facilitate hate crime and violence reporting.

4.59 Goals and Objectives

To establish a research base that evidences the need for hate crime legislation in the EU; to promote LGBT rights through regional mechanisms like the EU, Council of Europe and the OSCE; to facilitate regional collaboration for LGBT NGOs; to facilitate improve police and LGBT relations nationally; to identify good practices from national NGO experience; to promote good police practices and reduce LGBT hate crimes.

Key Players

Members of national LGBT NGO organizations; members of police and other government stakeholders; staff of Working with Police project.

Actions

- Advocacy efforts include helping to secure regional recognition for antidiscrimination measures to include gender and sexual orientation as grounds for discrimination. In March 2010, the Council of Europe adopted a recommendation to include sexual orientation or gender identity as grounds for protection from hate crimes.
- Ongoing efforts to strengthen regional recognition of the importance of police in protecting LGBT rights. Participation by members of ILGA-Europe's *Working with Police* project in a seminar organized by the European Union's Organization for Fundamental Rights and the European Police College was held in November 2010. The seminar was conducted to discuss police relations with minority groups and signifies growing regional interest in LGBT rights.
- Building multisectoral alliances. With the Danish Institute for Human Rights, it proposed to organize training with national LGBT NGOs and police forces in eight European countries, slated for completion in 2012. In preparation for that training, ILGA convened meeting with LGBT stakeholders to identify key issues in LGBT violence in 2008. ILGA also developed police training modules for distribution throughout Europe, in collaboration with members of law enforcement and LGBT community members in 2009.
- Continues to host multisectoral seminars and roundtables to disseminate best practices to police and NGO groups across Europe from 2008-present.

Reported Outcomes

- The *Working with Police* project works with over 300 member countries and between 400-600 national LGBT groups.
- ILGA plans to expand its advocacy efforts to Central Asia and the Balkans. For these efforts, the focus is to build capacity of LGBT groups and facilitate working relationships with the police.

4.60 Organization Name and Location: Bar Hostess Empowerment and Support Programme, Kenya¹³²

How it enables healthy policing:

- Providing legal education and legal aid
- Facilitating bar hostess and sex worker access to legal services

¹³² Based on interview with Peninah Mwagi, Director, Bar Hostess Empowerment and Support Programme; also Bar Hostess Empowerment and Support Program, available <http://www.nswp.org/members/africa/bar-hostess-empowerment-and-support-programme>; also Olinga, A., "Women

- Creating multisectorial alliances
- Supporting and strengthening civil participation

4.61 Background

The Bar Hostess Empowerment and Support Programme (BHESP) works with sex workers who work in bars. The group was established informally in 1998 and received formal status as an NGO in 2005. The group was founded to support sex workers, strippers, and hostesses working in bars. BHESP now also works with street- and brothel-based sex workers, as well as those operating from massage parlors and salons. The group provides health information and services, as well as legal support to aid victims of abuse. Its membership has expanded from Nairobi and is now represented in three out of nine provinces and in 36 regional groups.

Bar hostesses are negatively affected by low pay and lack of viable alternatives. Fear of HIV/ AIDS dominates bar hostesses' work; it is estimated that upwards of 5% of people living with HIV/AIDS in Kenya are bar hostesses. BHESP research has shown that many bar hostesses report high rates of IPV.

4.62 Goals and Objectives

To challenge violence against sex workers in Kenya and focus on police harassment, arbitrary arrests, stigma, and discrimination against sex workers; to advocate for the accessibility of sexual and reproductive health services for sex workers, particularly HIV prevention and treatment services; to influence policy and facilitate economic empowerment for bar hostess and sex workers.

Key Players

Center for Rights, Education, and Awareness (CREAW), Open Society Institute, Action Fund, Global Fund, Human Rights Commission, UHAI-The East African Sexual Health and Rights Initiative(EASHRI), Sex Worker Alliance.

Actions

- Trains women to become paralegals and to enable victims of violence to represent themselves in court. Training modules were developed after four sex workers were killed and police refused to investigate their deaths. Currently, 22 members have been trained as paralegals. These women work with CREAW, educating peers about human rights as well as monitoring rights violations. As part of the project, participants volunteer for a BHESP hotline, where they take reports of alleged violence on behalf of BHEP.
- Raising awareness of the ways that laws affect bar hostess and sex worker rights. For example, BHEP has pushed for an amendment to remedy unseen effects from a recently implemented law limiting alcohol sales – namely pushing sex workers who once worked in bars into less safe street work.
- Broader advocacy works to transform attitudes about sex work in the community. The group is also consulting with legal NGOs in the fight to repeal the AIDS Control Act, a bill that criminalizes transmission of HIV. Media campaigns to promote the Act imply that sex workers are vectors of disease and promote discriminatory attitudes about sex workers and bar hostesses. BHEP is lobbying to repeal the law.
- Organized conference to highlight HIV and sexual violence prevention amongst the bar hostess population. It has also participated in a number of international and regional meetings to promote visibility of sex worker rights, such as inclusion of inappropriate touching and abusive language in bars as crimes under the Sexual Offenses Act.

Reported Outcomes

- There is evidence of broader recognition of bar hostess rights within the country.
 - The assistant minister for medical services, Danson Mungatana has stated that the government would support initiatives intended to better the situations of female bar employees. These initiatives would stress better survival skills, provide female condoms, and strengthen legal and policy framings of women's rights to economic independence.¹³³
 - Some abuse of bar workers is now recognized as a criminal, sexual, offense.

on Mututho Laws," Interview with Penina Mwangi, Exec. Dir. of Bar Hostess Empower Program, The Standard, Feb. 2, 2011 available at <http://www.standardmedia.co.ke/InsidePage.php?id=2000028845&cid=300&story=Women%20on%20Mututho%20laws>.

133 IRIN, Kenya: Drawing a line between bar work and sex work, Oct. 29, 2008, available at <http://www.irinnews.org/Report.aspx?ReportID=81191>.

- Evidence of improved government recognition includes participation of BHESP in a Committee for Gender-Based Violence at the Ministry of Gender, participation in activities like Women’s Day, and participation in the national Condom Policy Working Group.
- Twenty-two trained sex workers act as peer educators about human rights and monitor rights violations against sex workers and bar hostesses.
- BHESP developed and currently operates a hotline for report of client or domestic abuse.
- Reported improvements in the working relationship between bar hostesses and bar owners. For example, changes in employment policies include that bar owners now provide health benefits to bar hostesses and offer longer employment tenures for bar hostesses.
- BHESP reports 100% condom use among its regular members, including with regular clients, suggesting changes in health behavior.

4.63 Project Name and Location: Thuthuzela Care Center, South Africa¹³⁴

How it enables healthy policing:

- Facilitating rape survivors’ access to health and legal services
- Transforming normative beliefs about rape and domestic violence
- Building multisectoral alliances
- Enacting integrated reform to link prosecution, protection and health services for victims of gender-based violence

4.64 Background

Part of the national anti-rape strategy and led by the National Prosecuting Authority of South Africa’s Sexual Offences and Community Affairs Unit (SOCA), Thuthuzela Care Centers operate as one-stop facility for prevention, response, and support for survivors of sexual violence. As of March 2011, 37 Thuthuzela Care Centers are currently in operation. Designed to facilitate care of survivors of sexual violence, the centers support survivors and expedite legal processes to convict perpetrators. The Care Centers operate from public hospitals where sexual offenses are high. The centers are linked to sexual offences courts, staffed by specially trained legal officers and social workers to manage rape cases.

Rape and violence against women are pervasive public health problems in South Africa. It is widely believed that most cases go unreported and that perpetrators of rape are usually known to their victims. The integrated approach of Thuthuzela emphasizes respect, comfort, the restoration of dignity and justice for children and women who have been sexually victimized. By linking services in a client-centered response, the Care Centers also work to transform public attitudes, including those held by municipal workers, surrounding sexual violence against women and children.

4.65 Goals and Objectives

To coordinate health, legal, psychosocial, educational and financial support services; to promote trust between victims of gender-based violence and healthcare professionals; to facilitate legal services for women who are victims of gender-based violence, including domestic abuse, to reduce ‘secondary victimization,’ and increase conviction of rape offenders.

Key Players

The National Prosecuting Service (NPS); Justice, Health, Education, Treasury, Correctional Services, Safety and Security, Local Government and Home Affairs, Social Development and designated civil society organizations.

Actions

- Facilitating recovery for the rape victim. Once rape is reported and the victim consents, the victim is moved from police stations to the Thuthuzela Center, and examined by a doctor. En route to the Center, she/he receives comfort and crisis counseling from a trained ambulance volunteer. Investigating officers on call are available to take victim’s statement after examination. Medical treatment and a plan for next steps follow the officer’s examination.

¹³⁴ Based on National Prosecuting Authority of South Africa, “Thuthuzela Care Center: Turning Victims into Survivors.”

- Offers integrated and comprehensive services for rape victims: comfort from a site co-coordinator or nurse, an explanation of how the medical examination will be conducted and what clothing might be taken for evidence, a nurse in the examination room, a bath or shower at the centre after examination, investigation interview, counseling from a social worker or nurse, follow-up care plan including treatment and medication for sexually transmitted infections and long term counseling, arrangements for safe housing if necessary, consultations if the case goes to court, legal assistance.

Reported Outcomes

- Thuthuzela Care Centers are widely accessed by survivors of sexual violence, evidencing improvements in a survivor's willingness to report violence. At the opening ceremony of the newest Thuthuzela Care Center in Mamelodi this month, officials reported that in three years of operation, 34,000 individuals have sought health and legal assistance at Care Centers.
- There is evidence that the Care Centers model has increased criminal prosecution of rape cases. NPS reports that offender conviction rates have increased and the time spent to investigate, prosecute, and convict perpetrators has dropped from 3-5 years to less than 6 months.

4.66 Project Name and Location: Violence Recovery Program at the Fenway Institute, Boston, USA¹³⁵

How it enables healthy policing:

- Creating multisectoral alliances between police and LGBT advocates
- Improving police and LGBT relations
- Providing police and criminal justice training about LGBT issues
- Facilitating LGBT access to health and legal services
- Evaluation and monitoring to inform broader advocacy efforts

4.67 Background

The Violence Recovery Program (VRP) is a grant-based program housed within the Fenway Institute. The Fenway Institute was established as a community health center focused on LGBT health and wellness issues in 1985. Its services have expanded from focused care for MSM with HIV to the broader LGBT community in Boston. The Violence Recovery Program was developed to strengthen the relationship between LGBT people and law enforcement. VRP provides its advocacy services only to victims of LGBT violence.

4.68 Goals and Objectives

To enhance the wellbeing of the LGBT community and their neighborhoods through access to quality health care, education, research, and advocacy; to provide excellent comprehensive medical and mental health care to LGBT in a safe, comfortable, and respectful environment; to provide training to law enforcement and members of the criminal justice system about LGBT rights and concerns; to strengthen LGBT and police working relations.

Key Players

Beth Israel Deaconess Medical Center; Harvard Medical School; Massachusetts General Hospital; Brigham and Women's Hospital; Brown University Medical School; Massachusetts Department of Public Health; Centers for Disease Control and Prevention; National Institute of Allergy and Infectious Disease, American Foundation for AIDS Research, Lesbian Health Fund, Health Resources and Services Administration

VRP is a four-person staff made up of therapists and advocates. Funders include Victims of Crime Act (VOCA) and Massachusetts Office for Victim Assistance (MOVA).

Actions

- Provides support and advocacy for victims who wish to file a police report. VRP provides services for victims of physical and sexual assault, domestic violence, hate crimes, and police misconduct. During intake, VRP staff will assess whether the client has been the victim of a crime; staff will document the details of the crime; investigate and research the allegation; and may liaise with police, based on client preference.

¹³⁵ Based on interviews with Amanda Escamilla, Violence Recovery Program.

- Provides clients with alternatives to formal charge based on client preference, including referrals for medical services, mental health services, and legal aid services. VRP works closely with these different sectors to enable advocates to place clients with trusted organizations and professionals.
- Documentation efforts include statistics on the kinds of calls they receive and client information. Statewide statistics are compiled to establish an evidence base, used in community training programs. Statistics also facilitate police work and evidence the need for targeted collaboration.
- Intake data identifies LGBT issues for police action. For example, VRP received report of assaults and other crimes committed by people impersonating MSM in an established MSM community. MSM were baited via online connection or in person meeting to “hook up” at a designated area and suffered violence and robbery when they appeared. These ‘hotspot’ reports prompted VRP to approach the Boston Police Department. The police and VRP developed the *We’re In This Together* campaign to improve safety for LGBT. The campaign included outreach materials, and town hall meetings, where police invited bar owners and bouncers in ‘hotspot’ areas to discuss the problem of LGBT targeted violence.
- *Know Your Rights Campaign*. A collaboration with NGOs, including AIDSAction and the Gay and Lesbian Alliance Against Defamation (GLAAD), in consultation with the Boston Police Department. The campaign is a response to aggressive policing reports from clients. Consultation from police enables the group to develop safety strategies. For example, police have agreed that LGBT should ask police for identification before complying with police request.
- Provides training to members of law enforcement, police, members of the criminal justice system, including district attorneys, medical caregivers, community groups, and other advocates to improve awareness of LGBT issues and concerns. Training topics include: Dynamics and Issues in Recognizing and Treating Same Sex Domestic Violence; Lesbian, Gay, Bisexual, and Transgender Issues 101; Treating Sexual Violence against Men and Boys; Considerations for Trauma Recovery when working with LGBT client.
- Also provides training to members of the criminal justice system like District Attorney staff and court staff, twice a year. Also twice a year, the Massachusetts Victim Assistance Academy holds a weeks-worth training session of 40 hours for new advocates. The Academy includes professionals from police, Fenway VRP, court officials, and other advocates.

Reported Outcomes

- VRP takes as many as five calls per week from individuals seeking information about LGBT sensitive service providers.
- There is evidence of increased collaboration between VRP and community police. VRP has worked for the last 10 years to strengthen its working relationship with police. Today, it works with several officers in the police department, including designated LGBT liaison officers (LGBTLO). It also participates in a Fenway-initiated Working Group that meets monthly to discuss issues and concerns for the LGBT community.

5. Conclusion

A significant body of research strongly suggests a link between gender-based violence and HIV infection. Research has shown not only discrimination and abuse suffered by people living with HIV, but that GBV also causes greater vulnerability to HIV for many people. Some populations at heightened risk of HIV infection, such as LGBT people, hetero- and LGBT sex workers, and survivors of IPV are also at heightened risk of GBV. GBV is a pervasive global health problem that alone demands greater attention paid to understanding its correlates and consequences. Interventions that address the sources of GBV not only reduce GBV risk for groups at heightened risk of HIV but can also contribute to comprehensive HIV prevention efforts.

This paper describes some of the ways in which criminal laws and enforcement practices shape the GBV risk environment for some groups. Laws that recognize GBV and that create protective infrastructure for survivors of GBV are necessary in reducing GBV. However, laws alone may be insufficient protection against GBV that is rooted in police abuse and discriminatory cultural beliefs. Direct legislative action, such as repealing punitive criminal laws, must be supported by multi-pronged and sustained programmatic action. The ways in which criminal laws and law enforcement practices shape GBV risk are sites of potential intervention. Around the world, innovative programs and policies work to break the links among criminal laws, enforcement practices, GBV and HIV. The programs and organizations identified here not only target law enforcement agencies and police reform, but also work more indirectly to inform policy response, strengthen the visibility of civil society groups, and transform normative beliefs about gender in the broader community.