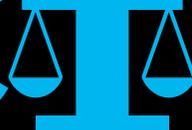


GENDER

REACT 

USER GUIDE

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.5 million people were infected with HIV in 2020 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ACKNOWLEDGEMENTS

This work has been possible with financial support from GIZ BACKUP Health and UKAID.

Authors: Luisa Orza, Oratile Moseki, Monika Sigrist, Tania Kisserli, Linnea Renton and Heather Lorenzen

Copy-editor: Jane Coombes

Designers: Jane Shepherd and Vicky Trainer

REAct is available to any organisation wishing to set up and implement it. Contact the REAct team at: REAct@frontlineaids.org

For more information on REAct and on HIV and human rights, visit: <https://frontlineaids.org/were-on-the-frontline-of/human-rights/>

For more information on human rights-based programming and links between HIV and human rights, see International HIV/AIDS Alliance and ARASA (2013), [Good Practice Guide: HIV and human rights](#).

Frontline AIDS

91–101 Davigdor Road
Hove, East Sussex
BN3 1RE
United Kingdom

Tel: +44 (0)1273 718 900

Email: enquiries@frontlineaids.org

Registered British charity number
1038860

www.frontlineaids.org

© Frontline AIDS, 2021.

Information contained in this publication may be freely reproduced, published or otherwise used for non-profit purposes without permission from Frontline AIDS. However, Frontline AIDS requests that it be cited as the source of the information.

CONTENTS

	INTRODUCTION TO GENDER REAct	3
	What is Gender REAct, who is it for and what's in it?	3
<hr/>		
	UNIT 1: GENDER REAct ALL USERS' MODULE	5
	1.1: Why is a focus on gender-based violence and discrimination important when documenting and responding to human rights violations?	6
	1.2: What are the benefits of integrating gender into REAct programming?	7
	1.3: Understanding gender, gender equality and gender-based discrimination and violence	9
	1.4: Understanding the linkages between gender-based violence, HIV and human rights	16
	1.5: Why is it important to understand domestic and international laws and instruments relating to gender equality?	20
<hr/>		
	UNIT 2: GENDER REAct TRAINERS' MODULE	23
	2.0: Introduction: Preparing yourself as a Gender REAct trainer	24
	2.1: Welcome and introduction to Gender REAct	28
	2.2: Understanding our context	35
	2.3: Understanding human rights related to gender equality	40
	2.4: Identifying incidents: using the react template to document incidents of gender-based discrimination and violence	42
	2.5: Assessing state accountability for advancing gender equality	44

2.6: Identifying services to respond to gender-based discrimination and violence	47
2.7: Making gender-related programmatic recommendations	49
2.8: Collecting evidence	50
2.9: Customising the Gender REAct template: first steps	53
2.10: Next steps	54



UNIT 3: GENDER REAct REActors'/IMPLEMENTERS' MODULE **56**

3.1: Responding to gender-based discrimination and violence	57
3.2: Conducting gender-sensitive interviews	59
3.3: Managing information	61



GLOSSARY OF KEY DEFINITIONS, TERMS AND ACRONYMS **62**

INTRODUCTION TO GENDER REAct

What is Gender REAct, who is it for and what's in it?

WHAT IS GENDER REAct?

Rights – Evidence – ACTION (REAct), developed by Frontline AIDS, is a community-based and led human rights monitoring and response programme that documents and responds to a wide range of human rights-related barriers to HIV and related health services. REAct enables organisations to customise and record data about human rights violations experienced by individuals; provide and refer them to health, legal and other public services; and use this data to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels. The full **REAct User Guide**, which provides resources to guide the implementation of all REAct programmes, should be used alongside Gender REAct, and can be downloaded from the Frontline AIDS website.

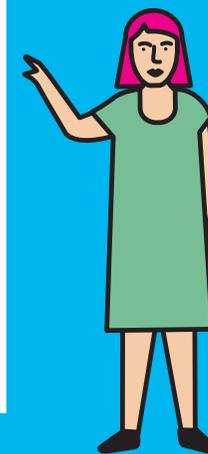
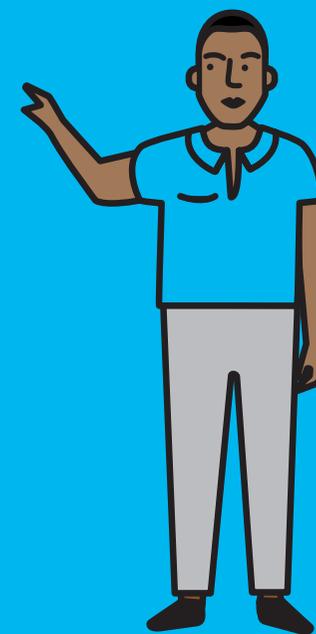
Gender REAct provides a set of new resources to complement those in the original REAct User Guide, enabling organisations to monitor, document, and respond to gender-based violence and discrimination. Gender REAct has been developed in response to compelling evidence that gender-related inequality is a major human rights-related barrier that inhibits access to HIV-related and other health services for marginalised populations. Gender-related inequalities manifested through stigma, discrimination and violence, impede access to services – especially to sexual and reproductive health (SRH) services – preventing those in most need from realising their sexual and reproductive rights.

WHO IS GENDER REAct FOR?

The full REAct Programme, including Gender REAct, is intended for community-based organisations; civil society groups; institutions responsible for designing large-scale national AIDS programmes; and organisations designing and implementing HIV programmes, as well as HIV-related health programmes, such as tuberculosis (TB) and hepatitis C, across several locations (for example, regional grants).

The Gender REAct User Guide, together with its tools and training modules, adds additional resources to REAct. These will enable REAct implementing organisations to focus specifically on gender-based violence and discrimination as critical human rights violations in the context of access to HIV and sexual and reproductive rights and services. Through the Gender REAct training and tools, REAct implementers will increase their understanding of gender-based violence and discrimination and how these impact on and inhibit individuals from accessing HIV-related health and other public services. They will build their skills in interviewing individuals who have experienced gender-based violence; learn how to document, gather data and respond to gender-based discrimination and violence and other gender-related human rights violations.

The data gathered through Gender REAct should be used to build a body of evidence to demonstrate the linkages between gender-based violence and discrimination and vulnerability to HIV; provide evidence of effective community-led responses that enable individuals experiencing such barriers to access HIV-related services; support and guide advocacy for policy and programming reforms that further advances health-related rights and improves access to services for people most affected by HIV.



WHAT'S IN THE GENDER REAct USER GUIDE?

The Gender REAct User Guide is divided into three Units:

UNIT 1:

All Users' Module: an essential introduction to Gender REAct that should be read by all users.

UNIT 2:

Trainers' Module: Workshop materials and session instructions, facilitation notes, exercises, and key messages to guide a comprehensive training on Gender REAct. The trainers' Module is accompanied by a PowerPoint presentation with slides for each unit.

UNIT 3:

REActors/Implementers' Module: Information and guidance for REActors to support them in implementing Gender REAct.

NOTE

All REAct programmes have been designed for adult populations. If you know about or are approached by a child reporting any human rights violation, refer to your organisational child protection policies and/or report to the relevant authorities, such as police, social services or child welfare services.

New to human rights documentation and response programmes?

Then we encourage you to start by reading the **REAct User Guide** – the project management tool that provides information and guidance to REAct Programme Managers, REAct Trainers, and those documenting and responding to human rights violations (REActors). In the REAct User Guide you will find the following:

OVERVIEW: INTRODUCTION TO REAct



This is an overview that provides an essential introduction to REAct. This should be read by all users. It helps you understand what REAct has to offer, what implementing it will involve, and to decide if you think REAct would be right for your needs.

PROGRAMME MANAGERS' MODULE



This module aims to help you decide whether REAct is appropriate for your needs, and to understand the practical steps involved in setting it up. It also helps you to decide which model of implementation and support is most appropriate for your needs and local context.

Unit P1 Planning REAct

Unit P2 Implementation

TRAINERS' MODULE



This module provides guidance on running a REAct training workshop, where sessions build progressively on one another, and are adapted to your local needs, context and participants. It contains suggested session formats and checklists for training on all the main topics needed to set up and implement REAct.

Unit T1 Introduction for trainers

Unit T2 Welcome and introduction to REAct

Unit T3 Understanding our context

Unit T4 Human rights principles and responses

Unit T5 Collecting evidence

Unit T6 Managing information

Unit T7 Next steps

REActors'/IMPLEMENTERS' MODULE



This module guides you through the key issues: human rights, collecting evidence, and managing information. It provides materials for reference during the training, as well as afterwards during implementation.

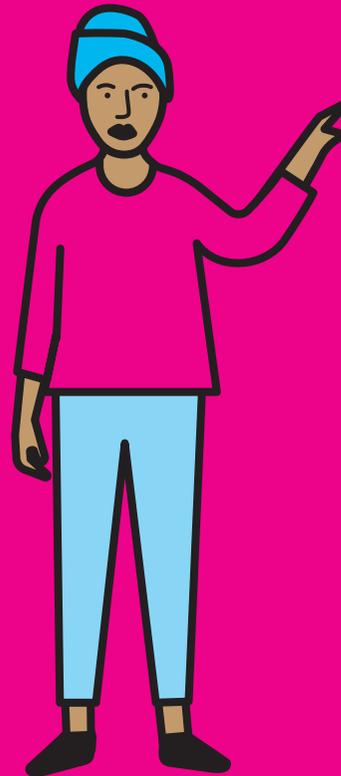
Unit R1 Human rights principles and responses

Unit R2 Collecting evidence

Unit R3: Managing information

UNIT 1: GENDER REAct ALL USERS' MODULE

All users should read this overview module first. When you have finished, click on the navigation tabs at the top of each page to take you to the module appropriate for your role.



“ Gender equality starts at home, grows in the society and blossoms in the legal environment. The road is long, but we have taken the first steps.”

MENA Rosa Coordinator, Lebanon

1.1 WHY IS A FOCUS ON GENDER-BASED VIOLENCE AND DISCRIMINATION IMPORTANT WHEN DOCUMENTING AND RESPONDING TO HUMAN RIGHTS VIOLATIONS?

REAct data, together with other evidence, illustrate that gender-based violence and discrimination are major barriers to access to HIV-related services, especially for (both cisgender and transgender) women and girls in all their diversity and other marginalised populations. This includes transgender people, men who have sex with men in their diversity, LGBT+ people, sex workers, people who use drugs, people living with HIV and people who are incarcerated.

Globally, approximately 1 in 3 women experience intimate partner violence or non-partner sexual violence in their lifetime.¹ These numbers can be even higher among women who are already marginalised, for example transgender women, and gender diverse people. Women who experience violence in their relationships are up to 50% more likely to acquire HIV than those who do not, and

HIV stigma and discrimination can also intersect with gender discrimination to expose women living with HIV to increased levels and risks of violence. For example, an HIV diagnosis or disclosure can trigger intimate partner violence. There is also ample documented evidence that women living with HIV experience violence in healthcare settings, particularly in relation to their sexual and reproductive health and rights (SRHR). For example being forced or coerced into sterilisations or abortions.

It is essential that we recognise the common drivers of the violence that different populations experience, including gender power relations; norms of femininity and masculinity; and the desire to control what society considers to be sexual or social 'deviance'. Understanding these concepts is important if we are to apply an intersectional approach in which multiple layers of marginalisation are understood to compound risks of gender-based violence and HIV.

Violence against marginalised populations is often located in the perceived transgressive nature of, for example, sex work, drug use, diverse sexual orientation and gender identity. However, viewing violence in this way can fail to recognise the gendered aspects of violence or to address

and transform the gender relations of power that underpin violence against women in all their diversity. Within marginalised groups gender often (though not always) intersects with other factors of vulnerability to compound discrimination, marginalisation or violence. Applying a gender lens to explore root causes of violence against all marginalised groups can help identify gender as a common factor underpinning different forms of violence, and thereby offer more appropriate programmatic and advocacy solutions.

REAct implementing organisations are increasingly focusing on gender-based violence and discrimination as critical forms of human rights violations in their communities. As a result, they are adapting programmes to respond to and document data around gender-based violations, and with Gender REAct, we hope to support these efforts. Therefore, the Gender REAct User Guide delves deeper into the gendered aspect of access to health services and provides training and a new set of materials and tools to enable REActors (and their organisations) to better understand, identify, document and respond to gender-related human rights violations, including holding duty bearers to account for the advancement of rights affected by gender-based violence.

1. See World Health Organization 9th march 2021: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women> (accessed 15th March 2021)

1.2 WHAT ARE THE BENEFITS OF INTEGRATING GENDER INTO REAct PROGRAMMING?

Individual and programmatic benefits

Ultimately, the individuals supported through REAct Programmes come first, and the primary objective is to provide services, referrals, legal and other support to individuals who might not otherwise receive them. By using Gender REAct, implementers can be more focused on and sensitive to specific gender-related issues, needs and barriers that individuals experience, and provide them with support, services or referrals that are more tailored to their needs from a gender perspective.

Applying a gender lens enhances targeted programming and advocacy, and demonstrates the critical value of community-led responses to HIV, enabling REAct implementers to:

- ✓ identify the individuals who are most affected by gender-related barriers to services, in all their diversity

- ✓ understand the diverse but specific forms of gender-based discrimination and violence that individuals face and how these experiences impede their access to HIV-related and other health services, as well as to legal support
- ✓ apply a gender lens when talking to and supporting clients, identifying and documenting gender-specific violations and facilitating access to services and support for clients that is most appropriate. This data is crucial to demonstrating the critical value that community systems play in overcoming barriers to HIV services and to ultimately strengthening health systems overall
- ✓ generate in-depth data about the perpetrators of gender-related human rights violations
- ✓ identify and recommend in every single case, programmatic responses needed to prevent and overcome human rights related barriers to HIV and other services
- ✓ integrate tailored context-specific gender-related indicators into the REAct template whilst also maintaining standard indicators,

enabling easy data analytic comparability with other partners implementing REAct

- ✓ extend and strengthen referral networks in order to encompass services and support that help individuals overcome, minimise and prevent gender-based human rights violations, ultimately enhancing their health and rights, and enabling them to access justice
- ✓ gather data to inform evidence-based programming and develop best practice to prevent and respond to gender-based violence using a human rights framework

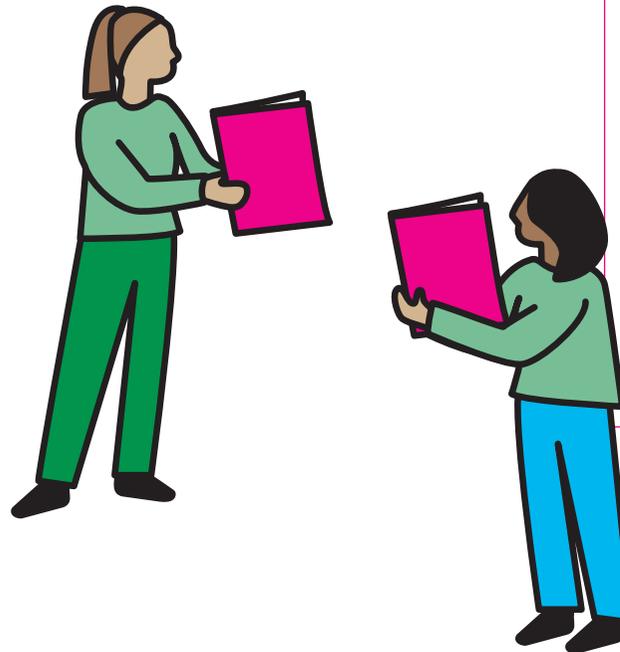


Advocacy benefits

A gender focus enables REAct implementers to gather data and build a body of evidence to:

- ✓ identify and respond to harmful practices at all levels of society that perpetuate and condone gender-based inequality, stigma, discrimination and violence affecting individuals in all their diversity
- ✓ identify the responsibility of the state as rights duty bearers in each case, data which is critical for holding state actors to account for advancing gender-related rights
- ✓ influence policy decision-making and advocate for law reform at national, regional and global levels
- ✓ advocate for individual and programmatic responses and services that are not yet available in a specific context
- ✓ assess and evaluate the effectiveness and impact of individual responses provided

- ✓ assess the impact of new community interventions, such as whether community anti-violence activities increase reports of violence
- ✓ assess the impact of state action, for instance, the effects of new legislation on reports of violence
- ✓ influence donors and advocate for domestic financing



BOX 1: WHAT CAN WE DO WITH THE DATA WE COLLECT ON GENDER-RELATED HUMAN RIGHTS VIOLATIONS?

REAct data generates comparable, high volume, robust evidence of:

- 1) gender-related human rights violations and barriers in accessing health, HIV, gender-based violence responses, and other services for people in all their diversity
- 2) the links between gender, HIV, violence and other human rights abuses – both as causes and as effects of each other. You can't deal with one, without dealing with the others, and the data shows these linkages
- 3) the impact of gender-related discrimination and violence on people in all their diversity, and how this impact is experienced by different people, in different contexts, times and places
- 4) gender-related needs, gaps and challenges in access to health, HIV, violence responses and other services for people in all their diversity

1.3 UNDERSTANDING GENDER, GENDER EQUALITY AND GENDER-BASED DISCRIMINATION AND VIOLENCE

1.3.1 What do we mean by sex, gender and sexuality?

In this section, we explain the difference between sex, gender identity, gender roles and sexual orientation. For more detailed explanations and definitions, please refer to the [Frontline AIDS Good Practice Guide: Gender-transformative HIV programming](#) and [Good Practice Guide: HIV and human rights](#) (See [Unit 2](#), page 27 for further useful resources).

What is sex?

The word sex is a label that refers to the bodily characteristics, specifically reproductive organs, hormones and genetic differences (chromosomes), that a person is born with.

What is gender identity?

How we identify is key to how we see ourselves and engage in society and the communities around us. When a person's gender identity is the same as the one they were assigned on the basis of their sex characteristics at birth, they are **cisgender**. When this is different, they are **transgender**. For example, a cisgender woman is someone who was assigned female at birth; a transgender woman is someone

who may have been assigned male at birth. Gender identity is a broad spectrum that goes beyond a binary of male and female; it includes people who don't have any gender and people who have multiple genders. **Gender diverse** is a broad term that can include people across the broad spectrum of gender identities.

What are gender roles and gender norms?

Gender refers to the roles, behaviours, activities, characteristics and opportunities that are assigned to people at birth based on the sex they were assigned at birth. These are reinforced throughout a person's life by society.² **Gender 'norms'** are the beliefs and expectations that societies have about how girls/women and boys/men should look and behave. These norms are deeply ingrained in societies and are expressed through feminine and masculine behaviours and identities respectively.

Intersex: a person whose biological sex characteristics at birth, or whose 'secondary sex (bodily) characteristics' developing during puberty, and they fall outside the narrow binary of what is regarded as male or female. The existence of intersex people challenges the idea that there are only two sexes. A person whose biological sex and/or bodily characteristics fall within the male/female binary are endosex.

BOX 2: USEFUL TERMS FOR TALKING ABOUT GENDER IDENTITY

Cisgender: a person's gender identity **aligns with** the sex they were assigned at birth (i.e. someone with female sex characteristics at birth identifies as a girl/woman; and someone with male sex characteristics at birth identifies as a boy/man).

Transgender: a person's gender identity **does not align with** the sex they were assigned at birth (e.g. someone with female sex characteristics at birth identifies as a boy/man; someone with male sex characteristics at birth identifies as a girl/woman; someone who irrespective of their sex assigned at birth identifies as neither/a combination of woman/man or another gender identity).

Gender diverse: a broad term that includes people across the spectrum of gender identities and gender expressions.



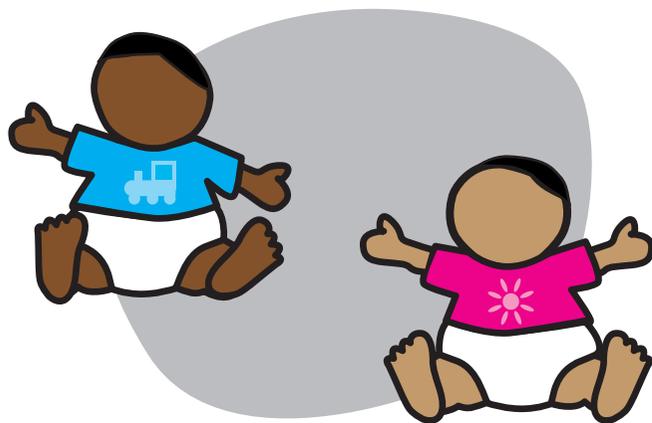
2. World Health Organization (WHO) 2020. *Gender and Health*. [Online] Available at: <https://www.who.int/health-topics/gender>

BOX 3: HOW DO PEOPLE LEARN GENDER NORMS?

Babies: are often given names that are recognisable as girls' or boys' names; dressed in clothes that society thinks is appropriate to their gender: e.g. pink/flowers for girls; blue/trains for boys. Hair and accessories, such as jewellery, can tell other people the gender of the baby.

Young children: are often encouraged to play with toys and games that reflect the roles they are expected to play in later life, e.g. for girls, domestic equipment and toys related to cooking, nursing and childrearing; for boys, action-oriented games, soldiers, firemen etc. Institutions like the extended family, churches and playgroups shape and reinforce gender roles. In the home, boys are often taught to model their father's behaviour; girls their mothers'. This is particularly apparent where children are exposed to domestic violence; whereby boys often grow up to be perpetrators of intimate partner violence, and girls to experience violence in their relationships.

Older children: gender norms and roles are often reinforced through school textbooks that show girls/women as mothers, teachers and carers, and boys as managers, directors and surgeons. Children may be encouraged to pursue different subjects based on their gender. For example, some schools offer home economics (cooking and sewing) for girls, and woodwork and computer studies for boys. Peer pressure can also entrench gender norms, such as that boys should be tough and not show their emotions.

**Gender and sexuality**

'**Sexual orientation**' describes who someone is attracted to, such as: people of a gender different from their own (**heterosexual** or **straight**); the same gender (**lesbian** or **gay**); to two or more genders (**bisexual**), alongside many other orientations. The expectation that men should be attracted to women, and women to men is called '**heteronormativity**'.

Being transgender can be conflated with being gay, especially in societies where both are considered illicit. However, being transgender does not suggest a specific sexual orientation. Regardless of gender identity, people may be heterosexual ('straight'), lesbian, gay, bisexual, queer, asexual as just a few examples.

Increasingly, there is an awareness of not only gender identity, but also sex, as being mutable, and rather than being viewed as binary (two opposites: 'either/or'), the concepts of sex, gender identity, and gender expression are seen as being on a **continuum**. Similarly, expectations around the sexual preferences and behaviours (orientation) ascribed to men and women are also more fluid than the norms that say men should feel sexually attracted to women, and women to men. However, although homosexuality is increasingly accepted and normalised in many countries, in others it remains taboo, stigmatised and even criminalised. The same is true for transgender people, whose existence and expression of their gender in many countries is stigmatised and criminalised.

What is intersectionality?

Gender and sexuality are part of our identity. However, it is important to note that as individuals we are not all 'one story'. We all hold multiple identities based on a range of socio-economic factors and characteristics: gender, sexuality, race or ethnicity, age, income or class, religion or faith, marital status, whether or not we are parents, our profession, health status etc.

For example, a woman who sells sex may also be a mother, a wife, a rural woman, a woman of a particular faith (or none), a lesbian, bisexual or transgender woman, a woman or young woman living with HIV, and a woman of colour. A man who sells sex may also be a father or husband and may or may not identify as gay, bisexual or queer. It is important to consider all identities and how they are connected. By not doing so, we may miss opportunities to modify services and programmes to fully meet the needs and vulnerabilities of the people we work with, especially marginalised populations.

Many (although not all) of these factors may change over our lifetime – our identities are not fixed in stone. Intersectionality describes the ways in which different aspects of our identities intersect, sometimes creating multiple layers of privilege or disadvantage – or what is sometimes called 'compound stigma'.

See the Frontline AIDS [Good Practice Guide: Gender-transformative HIV programming](#) for more information on using an intersectional approach in programming and advocacy.

1.3.2 What do we mean by gender equality?

'Gender equality' describes the ability of girls/women, boys/men, and gender-diverse people, irrespective of their race or ethnicity, sexuality, class/caste, or other factors like where they were born, to reach their potential and make choices, without being limited by gender stereotypes, norms or prejudices. It means that everyone is valued equally, and can benefit equally from public goods, services, allocations and opportunities – such as going to school or accessing healthcare. Gender equality benefits individuals and communities and enables whole societies to flourish.

'Gender inequality' describes when some people have more power, value and worth than others as a result of their gender. The system that values and ascribes greater power to men over women is called '**patriarchy**'. This system is upheld by structures and norms that privilege men above women, in that they have greater access to and control over resources, while women's work (and bodies) are seen to carry less value. For this reason, in many places, the birth of a baby boy is celebrated more than the birth of a baby girl.

BOX 4: THE DECLARATION AND PLATFORM OF ACTION

The Declaration and Platform of Action, agreed at the 4th World Conference on Women in Beijing in 1995, comprises 12 commitments for reaching gender equality. These include health, violence against women, human rights, power and decision-making, among others.

Twenty-five years later, in 2020, despite some progress, no country in the world can claim to have achieved gender equality, according to the Sustainable Development Goals Gender Index.³

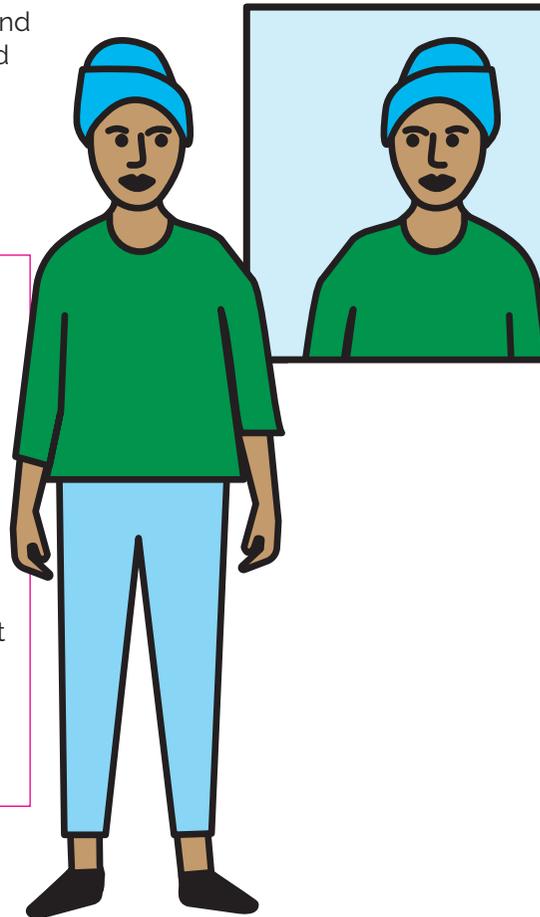
In a patriarchal society, gender norms, social expectations and traditional beliefs limit women's power and role in decision-making, their ability to speak out and participate in public life, as well as influencing their own personal lives and that of their children. Gender roles and the division of labour typically leave women socially and economically dependent on husbands or male family members. Women may not be able to make decisions about their own bodies or health (or that of their children) and may be subject to unhealthy or dangerous traditional practices, such as female genital mutilation/cutting, and child, early or forced marriage. These harmful discriminatory practices are often normalised and accepted – sometimes even protected as cultural norms by society, and can be extremely difficult to change.

3. Equal Measures 2030, *Data Hub*. [Online]. Available at <https://data.em2030.org/2019-sdg-gender-index/explore-the-2019-index-data/>

Likewise, people whose gender or sexual identity and/or practices don't conform to societal norms often face exclusion and discrimination. Friends and family may reject them; they may encounter stigma and discrimination when accessing basic goods and services (including healthcare and education), and are often discriminated against in the workplace and in public spaces. This social and economic marginalisation may push them into sex work.

BOX 5: SELF-REFLECTION

- What are some of the ways that gender inequality is manifested in your society?
- Which jobs are seen as typically male or typically female jobs? Which of these carries the highest status, most respect, and biggest salary?
- How are domestic roles and responsibilities divided between men and boys and women and girls? What impact do these have on what people of different genders can or cannot do?
- How do religion, traditional practices and laws affect women, men and gender diverse people?



1.3.3 What is gender-based violence?

Gender-based violence is any harmful act that is committed against someone because of their biological sex or gender/gender identity. It includes physical, sexual, emotional and psychological abuse; threats, coercion, and denial of resources (e.g. livelihoods and education) or access to services (e.g. health and legal services). Acts of gender-based violence can happen in public or private spaces.

Gender-based violence establishes, maintains or attempts to reassert unequal gender-related power relations that arise from deep-rooted discrimination and unequal gender norms. Gender discrimination is not just the cause of gender-based violence, it also contributes to the widespread acceptance and invisibility of such violence – so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.⁴

The socio-ecological model in *Figure 1* illustrates the various levels at which a person can experience violence – from the individual to the societal level – and how these levels interact, inform and support each other. For example, intimate partner violence in a relationship may be condoned or normalised by the community in which the couple

4. Inter-Agency Standing Committee (IASC) 2015, *Guidelines for integrating gender-based violence interventions into humanitarian action: Reducing risk, promoting resilience and aiding recovery*. New York: IASC. Available at: <https://gbvguidelines.org/en/>

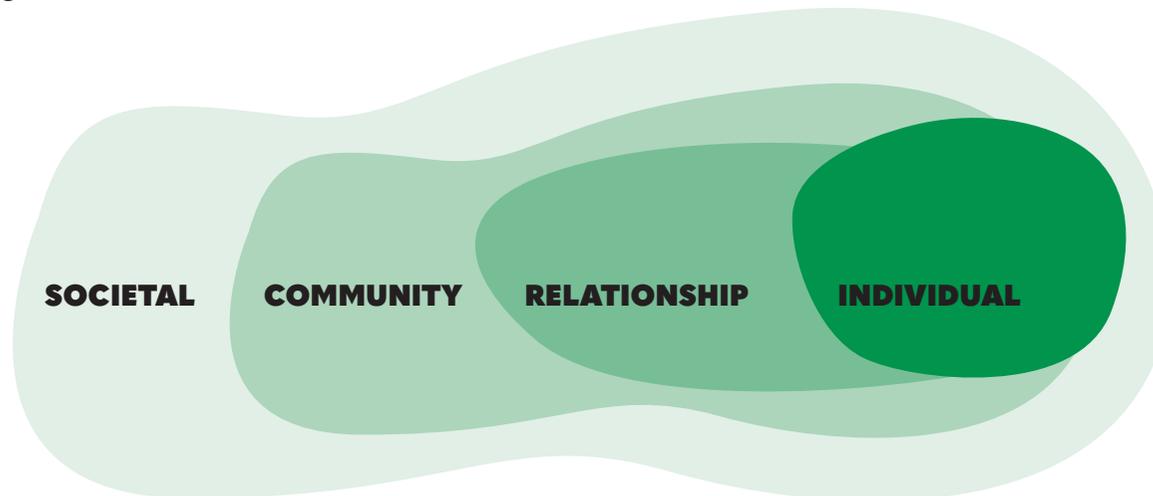
live. And the attitudes of community members may themselves be the product of the broader socio-political environment. Understanding this can help to identify appropriate violence prevention and response approaches.

At the inter-personal level, gender-based violence is usually perpetrated by people who hold a position of power or control over others. Women and girls are most impacted by gender-based violence, reflecting power inequalities between women and men. In the majority of cases, the perpetrator is someone known to the survivor,

including intimate partners (spouse/sexual partner), family members, friends, neighbours, teachers, community leaders, healthcare workers, police/peacekeepers, military, government officials, and others. In most societies, patriarchal values and norms are used to justify violence and enforce gender oppression. Women's sexuality, for example, remains one of the biggest threats to patriarchy, because it challenges the very core of the belief that men have control over women and their bodies. In this case, violence becomes a tool to control and silence women.

Boys and men (at a lower rate than girls and women), people with diverse gender identities and expressions and sexual orientations, including transgender people, and sex workers of all genders, experience gender-based violence. Forms of violence may differ based on the target's sex, age, sexual orientation, gender identity or gender expression; whether they do sex work; or their HIV status. For example, women living with HIV or women with disabilities may be exposed to forced or coerced sterilisation, which the general population of adolescent girls or women would not normally be subjected to. Sex workers and women who use drugs are more likely to experience police harassment, extortion, or arbitrary arrest.

Figure 1: The Social-Ecological Model: A Framework for Prevention – Factors affecting an individual's risk of gender-based violence⁵



People who do not conform to societal gender norms and stereotypes are particularly vulnerable to control and violence, and laws often disproportionately affected them. Transgressing these norms often means that individuals lose their access to rights, safety and prosperity. For example, if you sell sex, or refuse marriage, or if you are gay, or transgender, you may not have access to the same protections, or sense of belonging and social connections.

Table 1 illustrates some of the factors that make women and girls in all their diversity, gender diverse persons and men and boys vulnerable to gender-based violence.

5. Adapted from Centre for Disease control and Prevention (CDC). Violence Prevention: The Social-Ecological Model: A Framework for Prevention. [Online]. Available at: <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

Table 1: Factors that contribute to increased risk of gender-based discrimination and violence⁶

FACTORS THAT CONTRIBUTE TO INCREASED RISK OF GENDER-BASED DISCRIMINATION AND VIOLENCE IN MARGINALISED AND KEY POPULATIONS					
Women (throughout their life)	<ul style="list-style-type: none"> Gender inequality and restricted social status due to social/cultural practices Dependence on exploitative relationships for basic needs Early pregnancies and motherhood, and single motherhood Isolation, a lack of social support networks and unsafe living conditions Widowhood Lack of political participation 	Sex workers (of all genders)	<ul style="list-style-type: none"> Social stigma, isolation, blame and rejection by communities Criminalisation of HIV exposure and transmission Isolation and a lack of social support networks Widowhood 	Women who are in or have been in prison or other closed settings	<ul style="list-style-type: none"> Dependence on exploitative/age-disparate relationships for basic needs Early pregnancies and motherhood Social stigma, isolation and rejection by communities as a result of rape Experimentation with drugs and alcohol Lack of access to safe/confidential SRHR information and services due to age/legal restrictions Lack/denial of educational and employment opportunities
	Women who use drugs		<ul style="list-style-type: none"> Criminalisation and social sanction of drug use Gender norms relating to womanhood and motherhood Sex work and/or transactional sex (e.g. in exchange for drugs) Dependence on exploitative relationships for basic needs and drugs Isolation and a lack of social support networks Lack of access to SRH information and services 		<ul style="list-style-type: none"> Dependence on exploitative or unhealthy relationships for basic needs (e.g. pimp/madam) Lack of access to SRH information and services Social stigma, isolation and rejection by communities Harassment and abuse from law enforcement Lack of protection under the law and/or laws that criminalise sex work Illicit drug use, alcohol dependency Harassment, abuse, extortion, etc from law enforcement and healthcare workers Exclusion from gendered spaces that align with people's gender identities, including safe spaces and in prisons
Women living with HIV	<ul style="list-style-type: none"> Lack of access to SRH information and services Dependence on exploitative relationships for basic needs 	Adolescent girls	<ul style="list-style-type: none"> Age, gender and restricted social status due to social/cultural practices and gender norms Lack of bodily autonomy 		<ul style="list-style-type: none"> Social isolation, marginalisation, stigma and discrimination Barriers to economic opportunity

6. Adapted from Inter-Agency Standing Committee (IASC) 2015. *Guidelines for integrating gender-based violence interventions into humanitarian action: Reducing risk, promoting resilience and aiding recovery*. New York: IASC. Available at: <https://gbvguidelines.org/en/> and Women's Refugee Commission IAWG 2019. *Minimum Initial Service Package for Sexual and Reproductive Health in Crisis: Distance Learning Module*. New York: IAWG. Available at: <https://iawg.net/resources/minimum-initial-service-package-distance-learning-module>

FACTORS THAT CONTRIBUTE TO INCREASED RISK OF GENDER-BASED DISCRIMINATION AND VIOLENCE IN MARGINALISED AND KEY POPULATIONS

<p>LGBT+ people</p> <p>(e.g. transgender people, lesbian and bisexual women, intersex people, men who have sex with men in their diversity, asexual people, queer people)</p>	<ul style="list-style-type: none"> Gender norms and restricted social status due to social/cultural practices Barriers to participating in communities and earning livelihoods Social stigma, isolation and rejection by communities and families Harassment and abuse from law enforcement and healthcare workers Lack of access to appropriately tailored SRH information and responsive, friendly services Criminalisation of same sex sexual behaviour, often reflecting homophobic attitudes, and of diverse gender expression and gender identities, with stigma and discrimination in the wider society Dependence on exploitative/age-disparate relationships for basic needs Harassment, abuse, extortion, etc from law enforcement and healthcare workers 	<ul style="list-style-type: none"> Secondary victimisation when reporting violence Harassment, abuse, extortion, etc from law enforcement and healthcare workers Lack of access to gender-affirming and non-stigmatising SRH information and services Exclusion from gendered spaces that align with people's gender identities and lack of transgender-friendly spaces Social stigma, isolation and rejection by communities and families 	<p>People with disabilities</p> <ul style="list-style-type: none"> Reliance on (sometimes exploitative) assistance and care from others and lack of agency Isolation and a lack of social support networks Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers Barriers to earning livelihoods Barriers to accessing and utilising medical care, including SRH services and rehabilitation services Lack of accurate SRH information High levels of impunity for crimes against them Mental health challenges Stigma and discrimination
<p>Transgender women and gender diverse people</p>	<ul style="list-style-type: none"> Criminalisation of diverse gender expression and gender identities through cross-dressing or vagrancy laws, with stigma and discrimination in the wider society Lack of legal gender recognition and legal protections from stigma and discrimination, and violence 	<p>Refugees and asylum seekers</p> <p>OR</p> <p>Ethnic and religious minorities</p> <ul style="list-style-type: none"> Dependence on exploitative or unhealthy relationships for basic needs and protection Barriers to participating in communities and earning livelihoods Lack of access to medical care and social support High levels of impunity for crimes against them Harassment and abuse from law enforcement Unsafe living conditions (camps, informal settlements etc.) 	<p>Men and boys in their diversity</p> <ul style="list-style-type: none"> Social norms on masculinity that restrict men's and boys' choices and behaviours, including re: risk-taking and health-seeking behaviour Being a member of a key population, including men and boys who use drugs, men and boys living with HIV, gay, bisexual and other men having sex with men The invisibility of transmen, particularly with regard to their fertility desires

1.4 UNDERSTANDING THE LINKAGES BETWEEN GENDER-BASED VIOLENCE, HIV AND HUMAN RIGHTS

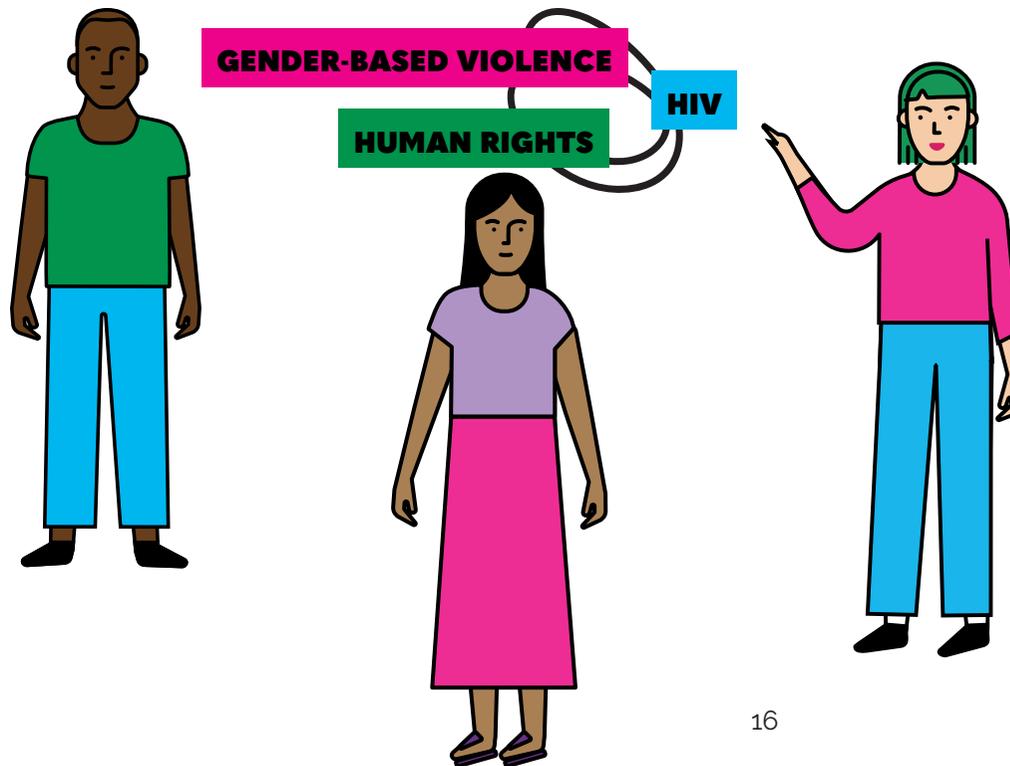
Gender-based violence can have significant impact on survivors' physical health, mental health, safety and quality of life. There are many consequences, including physical injuries, exposure to sexually transmitted infections (STIs), including HIV; unwanted pregnancy, depression, fear, stigma, abuse by family members and death. Support to reduce the impact of such violence includes referral

to services such as health and medical services, psychosocial services, safe home/shelter, legal support, police or other security, and livelihoods.

In almost all contexts, women and girls face high rates of gender-based violence, and there is a proven link between this form of violence and HIV. Such violence, and fear of it, can undermine women's and girls' capacity to negotiate safer sex or leave an abusive relationship. Violence not only increases risk of HIV acquisition/transmission, but also negatively influences adherence to HIV treatment and access to other health services.

Criminalised communities, including sex workers, people who inject drugs and lesbian, gay, bisexual and transgender (LGBT+) communities are at higher risk of violence. Sex workers and transgender women also face escalated risk of sexual violence, including rape, at the hands of clients, police, and sometimes vigilantes, as well as others in the community.

Men and boys also experience gender-related vulnerability to HIV, including violence. Gender norms and notions of masculinity may push men and boys into avoiding health-seeking behaviour, and towards engaging in activities that put them at risk of HIV infection, such as high alcohol and drug use, and having multiple and concurrent sexual partners. Because of these gender-related vulnerabilities, a disproportionate number of men fail to access or to continue treatment, and more men than women die from HIV-related causes. While women and girls face higher rates of violence, there are communities of men, including those who use drugs and male sex workers, who are also vulnerable to high levels of violence, which can increase their vulnerability to HIV.



BOX 6: PATHWAYS LINKING GENDER-BASED VIOLENCE AND HIV ⁷**1****Gender inequality as a common risk factor for both violence against women and HIV transmission.**

In societies where patriarchy and discrimination against women in all their diversity are deeply entrenched, men are more likely to perpetrate sexual and intimate partner violence (and are less likely to be punished for it). Due to this imbalance in power, they are more likely to exploit sex workers and less likely to use condoms; and women are more likely to tolerate intimate partner violence, have less control over use of family planning, and have less access to sex education or services that meet their SRHR. This can leave them vulnerable to both HIV and violence.

2**Indirect pathways link violence against women to a range of HIV-related outcomes.**

Women who experience sexual violence in childhood, and/or intimate partner violence, including coercive control, are more likely to engage in unsafe sex, have more sexual partners, and be less able to negotiate condom use in their relationships or make use of HIV prevention or treatment services. They may also have long-term mental health problems, low self-esteem/self-efficacy, and exhibit problematic use of drugs and alcohol. Men who perpetrate violence are also more likely to have multiple sexual partners and be living with HIV themselves.

3**Direct transmission of HIV as a result of rape and sexual violence.⁸**

This risk may be elevated for women in violent relationships where forced sex occurs frequently; and among girls and young women where vaginal injuries from forced sex may be more severe.

4**Gender-based violence as a consequence of HIV status and disclosure.**

Disclosure of HIV status can trigger violence from partners and family members, especially against women. This demonstrates existing unequal power relationships, as well as a being a consequence of gender dynamics in health-seeking and in health systems. These often result in women learning their HIV status before their partner due to testing in ante-natal services. As a result, women are often blamed for bringing HIV into the family or home. Women may also experience gender-related stigma, discrimination and violence from other family members, community members and health providers as a result of disclosing their status.

7. WHO 2013. 16 Ideas for addressing violence against women in the context of the HIV epidemic. Geneva: WHO. Available at: https://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/

8. Recent research from South African Medical Research Council also shows that women who experience rape have an increased vulnerability to violence in the longer term, with seroconversion among women who have experienced rape 40% higher than those who have not, six months after the event. See research brief at <https://www.samrc.ac.za/policy-briefs/rape-survivors-need-comprehensive-long-term-health-care-and-support-prevent-hiv>

The right to health, security and dignity are weakened as a result of gender-based violence. States have a duty to take positive action to prevent and protect all people, including people who identify as LGBT+; sex workers of all genders; children who sell sex; women and girls who use drugs; and women and girls living with or at risk of HIV from violence, to punish perpetrators of violent acts and compensate survivors of violence.⁹

Table 2 illustrates examples of the human rights and opportunities that every person should enjoy, and examples of the way gender-based discrimination can act as a barrier to realising those rights.

Table 2: Looking at human rights through a gender lens¹⁰

RELATED RIGHT	DESCRIPTION	EXAMPLES OF GENDER DISCRIMINATION STANDING IN THE WAY OF RIGHTS
Health	All people should have access to information and services, including SRH services	<ul style="list-style-type: none"> ● Male (spouse or relative) or parental consent needed for a woman to access health services ● Women unable to access appropriate services if the healthcare worker is male ● LGBT+ individuals, sex workers of all genders and adolescent girls face stigmatising treatment by healthcare workers e.g. for family planning or treatment for sexually transmitted infections (STIs) ● Discriminatory treatment or refusal to treat LGBT+ people, unmarried women/girls ● Healthcare workers disclosing person's identity to the community or authorities if suspected to be gay/man who has sex with men ● Women living with HIV, women who use drugs and sex workers being subjected to coercive health procedures such as forced STI and HIV testing, sterilisation or abortions
Education	All people should have access to education and training	<ul style="list-style-type: none"> ● Girls forced to stay home instead of attending school; preference given to boy children and girls not seen as being 'worth the investment' of education ● Pregnant adolescent girls not allowed to attend school ● Harassment of LGBT+ students by teachers and students leading to missed school days, or youth suspected of being LGBT+ being dismissed from school
Identity and expression	All people have the right to self-expression, self-identity, protection and dignity They should be free to express themselves through behaviour, appearance, and social interactions	<ul style="list-style-type: none"> ● Gender norms about how girls and women should dress being used as a barrier to justice in relation to rape and sexual violence ● Violence, harassment and abuse against people with diverse gender identity/expression ● Beatings, forced marriage, disinheritance and rejection from the home due to sexuality, sexual behaviour, gender expression or gender identity ● Sexual violence ('corrective rape') targeting lesbian, bisexual and other women who have sex with women, and sexual violence against trans people

9. United Nations Human Rights Office of the High Commissioner (OHCHR). Declaration on the Elimination of Violence Against Women and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) General Recommendation No. 35. Available at: <https://www.ohchr.org/en/hrbodies/cedaw/pages/gr35.aspx>

10. Adapted from Park A 2016. *A development Agenda for Sexual and Gender Minorities*. Los Angeles: The Williams Institute. Available at <https://williamsinstitute.law.ucla.edu/publications/development-agenda-sgm/>

RELATED RIGHT	DESCRIPTION	EXAMPLES OF GENDER DISCRIMINATION STANDING IN THE WAY OF RIGHTS
Relationships and community	Each person should have the capability to establish and maintain positive intimate, family, and social affiliations as well as to become part of larger associations in the community	<ul style="list-style-type: none"> ● LGBT+ people fearing exposure due to discrimination, stigma and violence because of discriminatory laws against homosexuality or sexual behaviour ● Unmarried women facing discrimination and violent treatment by the family/community if found to have had sexual relations ● 'Honour killings' ● Early and forced marriage ● Exclusion from religious organisations, clubs and social networks due to sexuality, gender expression or gender identity
Resources	All people should have access to and control over resources to meet life's basic needs, including being capable of earning a livelihood	<ul style="list-style-type: none"> ● Women being harassed at work, paid less or not allowed to work ● LGBT+ people being unfairly dismissed in the workplace, particularly if their identities or practices are discriminated against or are criminalised ● Fear of reporting and/or testifying against an assailant or rapist due to the criminalisation of one's work, identity or behaviour
Participate in governance	Each person should be able to participate effectively in political choices that govern their life	<ul style="list-style-type: none"> ● Under-representation of women and LGBT+ people in positions of decision-making power, or limited participation in the political system ● Sex workers not represented in community platforms, such as unions or community leadership systems, to ensure their rights are protected and promoted
Safety and security	Each person should be able to be safe from physical violence and emotional abuse, to live in a state of peace and personal security, and to expect and receive protection by those in authority	<ul style="list-style-type: none"> ● Lack of laws against all forms of gender-based violence (e.g. intimate partner violence, marital rape) or the legal system and laws silently condoning gender-based violence ● Laws criminalising marginalised groups ● Punitive laws that criminalise sex work create opportunities for violence, as sex workers have to choose between safety and legality ● Following arrest, holding transgender women in men's cells/prison ● Adolescent girls lacking control of their sexual health, including when to engage in sexual relations or when to have children ● Failure to recognise and legislate to protect women from marital rape ● Female genital mutilation/cutting

1.5 WHY IS IT IMPORTANT TO UNDERSTAND DOMESTIC AND INTERNATIONAL LAWS AND INSTRUMENTS RELATING TO GENDER EQUALITY?

From a human rights perspective, we know that governments have a responsibility to respect, protect and promote rights as duty bearers, on behalf of the state. States have a duty to take positive action to respect, protect and promote the rights of all people by enacting legislation and putting in place implementing mechanisms that prohibit all forms of gender inequality; advance gender equality in all sectors of society, such as employment and education; and bring perpetrators of gender-based discrimination and violence to justice.

It is our role as rights holders to engage in enabling our rights, including holding governments to account for protecting, upholding and fulfilling our rights. This is why it is important to know what our governments have committed to doing to advance gender equality, so that we can monitor how well they are fulfilling these duties. We also need to know what laws contradict international human rights laws and instruments on gender equality, so that we can advocate for law reform.

The data generated through REAct enables us to hold governments to account for the commitments that they have made and for the ways their laws and actions are inhibiting gender equality; and to demand that they continue to progressively advance gender equality, particularly in line with the global standards set out in international human rights law.

BOX 7: KNOW YOUR LAW: CASE STUDY - SOUTH AFRICA

In South Africa – as in many other countries – the Government must follow the provisions of the Constitution in all that it does, including in making laws and implementing them, and in the provision of public services. Any government practice that contradicts the Constitution is considered invalid.

Section 9 of the Bill of Rights is enshrined in the South African Constitution and guarantees rights to equality for all. It prohibits the state and all other non-state actors from unfairly discriminating against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

Because it is supreme law, the South African Constitution requires that the government, through its law-making processes, put in place further legislation that brings the Constitutional provisions and protections to life.



Legislation that affects gender equality:

- National Health Act 61 of 2003
- The Promotion of Equality and Prevention of Unfair Discrimination Act of 2000
- Employment Equity Act of 1998
- Criminal Law (Sexual Offences and Related Matters) Act of 2007
- Domestic Violence Act of 1998

It is therefore important to familiarise yourself with the provisions of legislation, because sometimes *legislation* that is intended to advance gender equality may also contain provisions within it that undermine it. For example, Section 20(1) (a) of the Sexual Offences Act, enacted to regulate sexual offences, also criminalises sex workers and their clients.

1.5.1 International human rights instruments on gender equality

International human rights instruments set the norms, standards and principles for advancing human rights, including those regarding gender equality. It is important to have an understanding of them so that we can compare them with what our governments have committed to, and formulate our advocacy around areas where improvements need to be made.

The following international human rights instruments are relevant to gender equality:

- **Universal Declaration of Human Rights** applies all rights and freedoms equally to men and women and prohibits discrimination on the basis of sex. These freedoms and rights include equal pay for equal work, the right to health and the right to an education for all.
- **Convention on the Elimination of All Forms of Discrimination against Women**, also known as the International Bill of Rights for Women, was adopted by the General Assembly in 1979. This Convention condemns any form of discrimination against women and reaffirms the importance of guaranteeing equal political, economic, social, cultural and civil rights to women and men. The Convention targets culture and tradition as influential forces shaping gender roles and family relations, and is the first human rights treaty to affirm the reproductive rights of women.

- **Beijing Declaration and Platform for Action** was agreed at the 4th Global Conference on Women in 1995, and represents the most progressive blueprint we have for gender equality. The non-binding commitment identifies 12 priority topics where action is needed to address gender inequality: poverty, education, health, violence against women, armed conflict, the economy, power and decision-making, institutional mechanisms for women's advancement, human rights, the media, the environment, and girl children. Realising commitments on the 12 priority areas of the Beijing Platform for Action are an integral part of Sustainable Development Goal (SDG) 5. See below.
- **Declaration on the Elimination of Violence against Women** is a nonbinding declaration issued by the General Assembly of the United Nations, and is aimed at strengthening state commitments to global participation and policy formation regarding violence against women.
- **Sustainable Development Goals**
Goal 5 of the SDGs: Achieve gender equality and empower all women and girls, sets six key targets for 2030:
 - **5.1** End all forms of discrimination against all women and girls everywhere
 - **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
 - **5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

- **5.4** Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- **5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- **5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the **Programme of Action of the International Conference on Population and Development** and the **Beijing Platform for Action** and the outcome documents of their review conferences.

SDG Goal 5: Means of implementation

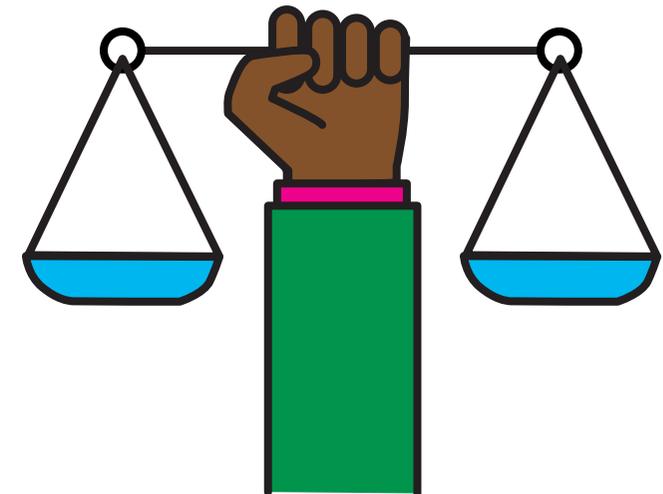
- **5.A** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- **5.B** Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
- **5.C** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

United Nations Human Rights Council Resolutions on Sexual Orientation and Gender Identity, and UN Declarations on LGBT+ rights.

- **The Yogyakarta Principles**, established in 2006, address a broad range of international human rights standards and their application to sexual orientation and gender identity issues. On 10 November 2017, a panel of experts published additional principles, reflecting post-2006 developments in international human rights law and practice. The **Yogyakarta Principles plus 10** also contains 111 'additional state obligations' related to areas such as torture, asylum, privacy, health and the protection of human rights defenders. The full text of the Yogyakarta Principles and the Yogyakarta Principles plus 10 are available at: www.yogyakartaprinciples.org

1.5.2 Regional human rights instruments on gender equality¹¹

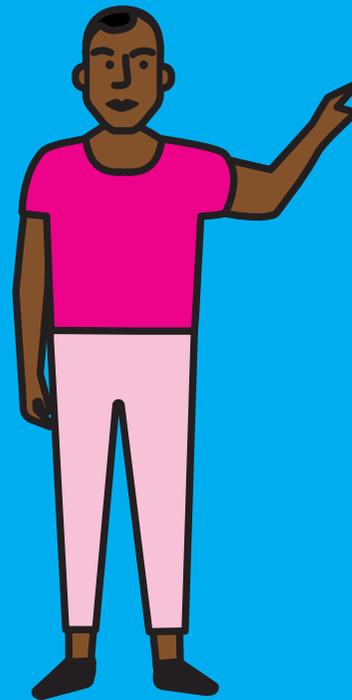
- **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, (Maputo Protocol)**, was established by the African Union in 2005, guaranteeing comprehensive rights to women, including the right to take part in the political process, to social and political equality with men, improved autonomy in their reproductive health decisions, and an end to female genital mutilation.
- In the Americas, **the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, (Convention of Belém do Pará)** recognises the rights of women to be free from violence in both the public and private spheres.
- **The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention, 2011)** recognises that sexual harassment, rape, forced marriage, honour crimes, genital mutilation, and other forms of violence constitute serious human rights violations and "a major obstacle to the achievement of equality between women and men."



11. There is no region-wide inter-governmental mechanism in the Asia-Pacific region that corresponds to those in Europe, Africa and the Americas. The ASEAN Human Rights Declaration covers 10 countries of the Association of Southeast Asian Nations, and can be found here https://www.asean.org/storage/images/ASEAN_RTK_2014/6_AHRD_Booklet.pdf (accessed 16/03/2021)

UNIT 2: GENDER REAct TRAINERS' MODULE

Please ensure that you are familiar with the Gender REAct All Users' and Gender REActors'/Implementers' Modules before training others.



“ Sex workers are frequently violated and sexually abused by clients. In these situations where can they go? If they go to the police, they will be arrested. If they turn to the state health services, they face scoldings from service providers. How do they keep themselves safe from sexual diseases and violence? ”

Sex worker, Myanmar

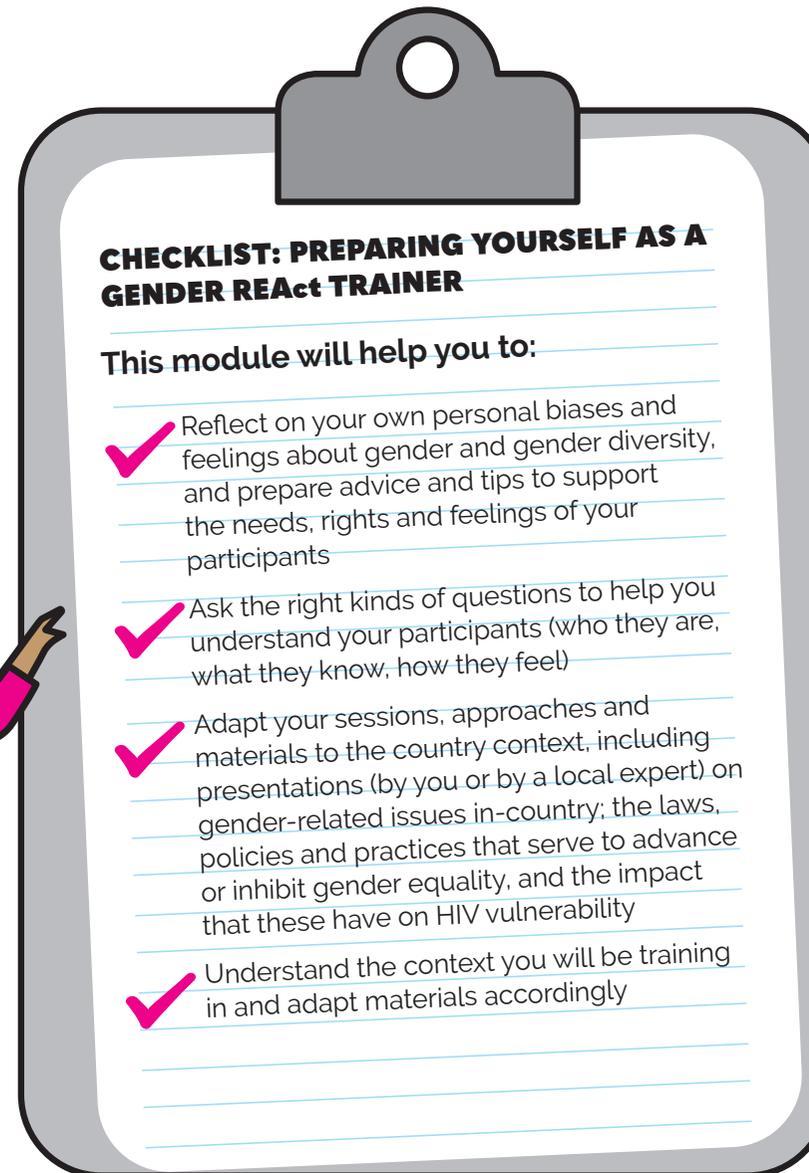
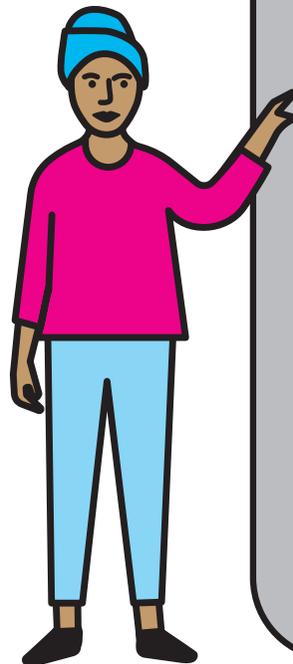
2.0 INTRODUCTION: PREPARING YOURSELF AS A GENDER REAct TRAINER

This introductory section is not for training purposes, but is to guide you, as the trainer, and help you to prepare to train others.

To guide your training sessions, please use the [Gender REAct Training PowerPoint](#). Supplementary slides can be found in the main [REAct Training PowerPoint](#).

Further information for trainers:

[REAct User Guide, Unit T1: Introduction for trainers](#) for detailed information on training methods and top tips for REAct trainers.



Examining and confronting your own gender biases

No matter how 'accepting' or progressive we believe ourselves to be, the fact remains: we all carry prejudices and biases. Before you train partners to use Gender REAct, be sure to examine and begin to confront your own biases. For example, ask yourself:

- Have you ever reflected on whether you treat people differently during trainings based on gender? Who do you expect (or choose) to lead groups? To take minutes? To serve refreshments?
- Do you have experience of working with transgender and gender diverse people? Are you able to include and respect them, for example, using their correct names and pronouns?
- Do you feel able to impart an understanding of gender as a spectrum of identities to an audience that may be uninformed or potentially hostile towards transgender/gender diverse people and to the idea of there being more than two genders?
- Have you thought about gendered traditions or norms in your community that may be harmful to women, girls, LGBT+ people, sex workers and others? How do they make you feel?
- As a trainer, you are in a position to address bias, build acceptance and train REActors how to respond to gender bias in their everyday lives. The facilitation tips in *Box 8* will help you to do this

Knowing your participants and adapting your Gender REAct training accordingly

BOX 8: GENDER TRAINING FACILITATION TIPS

- Be aware of the gender balance in the room, who is talking most, and the gender dynamics of the group
- Be aware of and comfortable with methodologies that use gender-disaggregated groups or mixed groups
- Be aware of the impact that a gender imbalance might have, or if a conversation is dominated by a particular group – and know how to redress the balance
- In any training that talks about gender-based violence (even in quite a theoretical way) there will be people in the group who have experienced violence, and the conversation could be triggering. You need to be aware of this and know how to respond sensitively

It is important to consider the participants' profiles and adapt your training and materials accordingly:

- Talk with the staff from each REAct organisation to find out about the participants. You may want to ask participants to fill out a brief pre-training assessment. See an example of a pre- and post-training gender assessment in *Box 9*
- Ask about gender, age, where they are from, what they do and the role they will play in REAct. Are they a REActor, programme manager or other influencer?
- Level of knowledge and experience in working on gender equality and gender diversity matters
- Attitudes about gender and gender equality
- In addition to individuals, the mix of the group will be key – is this a single gender group, or mixed gender group?

BOX 9: PRE-/POST-TRAINING ASSESSMENT – ATTITUDES ABOUT GENDER AND GENDER EQUALITY

To assess participant's attitudes about gender and gender equality, ask them to complete the following assessment before the training and then again after the training. This will help you to understand the participants prior to training, as well as to see how their views may have changed following the training.

**Gender Equality Assessment**

Think about how you feel about the following questions and write:

A for Agree

P for Partially Agree

D for Disagree

**IN MY OPINION:**

1. Men and women are equal and should be able to do the same things.
2. Transgender women are women and transgender men are men.
3. It is a woman's responsibility to avoid getting pregnant. Men do not have to take care of reproductive issues.
4. A man should have the final word about decisions in his home.
5. Whether someone is a man or a woman is determined by the sex they were assigned at birth.
6. I would never have a gay or lesbian or transgender friend.
7. When women, gender diverse or transgender people get rights they are taking rights away from men.
8. When a woman, gender diverse or transgender person is sexually assaulted, they usually did something careless to put themselves in that situation.
9. Gender equality threatens cultures, traditions, and identities. Things should remain as they are.

Understanding the context you will be training in

It is essential to understand the context in which Gender REAct will be set up and implemented (see also [REAct User Guide, Unit T1.1 Adapting REAct training to the local context](#)). The gender-based discrimination and violence encountered by marginalised people will differ between population groups and according to the country and community context. In order to reflect this, we strongly advise that you ask reputable representatives of local women's and/or human rights organisations, or other local gender experts, to present at the workshop. They can share their knowledge on the challenges and opportunities for dealing with gender-based discrimination and violence in a way that is fully relevant to the country context. There are specific opportunities for this that are built into the training. Go through the sessions and prepare materials in advance:

- **Unit 2.2.2 Context analysis (gender)**

Prepare a presentation or invite a local expert to present a situational analysis on gender and gender-based violence in the country in which you are training.

- **Unit 2.5.1 State accountability**

Invite a gender and law expert to prepare and present the legal and policy commitments that the state has made to advancing gender equality, including: a legal environment assessment on existing laws, policies, judicial precedent and institutional practices in the country; global commitments that states have made with respect to regional and international instruments relating to the advancement of gender equality; laws that undermine gender equality, (such as laws that criminalise sex work and homosexuality) and laws that ignore gender imbalances (such as laws that criminalise the transmission of HIV – as it disproportionately affects women).

- Where scenarios are used during the training, revise or develop new scenarios based on the lived realities of the individuals served by REAct programmes in the country or context in which you are training.
- Identify and reflect on how people in this community understand the roles of and relationships between state and non-state actors and how they will feel about how this is discussed in REAct training. If necessary, tweak sessions, or prepare to discuss further.



USEFUL RESOURCES

[Frontline AIDS – Good Practice Guide: Gender Transformative HIV Programming](#)

[Actions Linking Initiatives on Violence against Women and HIV Everywhere \(ALIV\(H\)E\) Framework](#)

[IPPF – Gender Assessment Toolkit](#)

[UNAIDS – Gender Assessment Tool](#)

[Aidsfonds – The Big Picture: A guide for gender transformative HIV programming](#)

[Gender-based Violence AoR – Tools and Resources on GBV and Gender](#)

2.1 WELCOME AND INTRODUCTION TO GENDER REAct

Session overview: (Slide 2)

This session will introduce participants to Gender REAct to enable them to begin to think about how it can benefit their organisations and communities.

Remember, before training on Gender REAct, participants should have received the general REAct training and be familiar with the [REAct User Guide](#).

Time needed

- 90 minutes

Methods

- Presentation
- Plenary discussion
- Group work

Materials

- **PowerPoint: Gender REAct workshop presentation**
- Copies of Gender REAct Introduction and Unit 1: All Users' Module
- Copies of workshop agenda
- **Pre-training gender assessment (optional)**
- Flip chart paper, markers, Post-it notes, markers and tape

Further information for trainers:

- ✓ **REAct User Guide, Unit T2: Welcome and Introduction to REAct**



2.1.1 Welcome and introductions

(Slides 3–7)

Slide 3

- **Welcome participants and introduce yourself**, saying what your pronouns are (e.g. she/her, he/him, they/them) and the name you like to be called. Introduce any guest speakers in the same way.
- Lead an **activity to help participants introduce themselves**. Ask participants to pair up with someone they do not know and give the pairs five minutes to get to know each other, including what their **pronouns** are and the **name** they would like to be called. Bring the group back together and ask each person to briefly introduce their partner.
- Address any **logistical/housekeeping issues**, such as where the bathrooms are etc.
- Ensure all participants have a copy of the **agenda** and **Gender REAct Introduction and Unit 1: All Users' Module**.

Slide 4

- Ask the group to reflect on ground rules/shared values and make sure that they promote an equal and respectful learning space for all. List these on flip chart paper and tape up the list where it can be easily seen for the duration of the training.

Slide 5

- Go over the **workshop agenda** (this can be pasted into Slide 5). Check that all participants are clear on what will be covered and what is expected. Ask if there anything else that participants were hoping to cover? If so, make a note of it and (if possible) try to include it in one of the sessions, or refer them to other sources of information if you can.

Slide 6

- Go through the **workshop aims and objectives**.

WORKSHOP AIMS AND OBJECTIVES**To understand (knowledge)**

- the individuals who are most affected by gender-based discrimination and violence in all their diversity.
- the different forms of gender-based discrimination and violence people face in the context of HIV and access to health and protection services.
- how Gender REAct can contribute to HIV responses in our country context and our role in implementing it.

To demonstrate (skills)

- how to document gender inequalities that impede access to services.
- how to respond to gender-based inequality, stigma, discrimination and violence, and refer clients to appropriate services.

Slide 7

- Optional: Ask participants to complete the **Pre-training Assessment: Attitudes about Gender and Gender Equality** see *Box 9*, page 26.
- Explain that each of us develops our own understanding of gender from infancy onwards. Messages and traditions associated with gender are complex reflections of society, family, culture, community and other socialising forces.
- It is important to consider our own experiences and beliefs about gender.
- Ask participants to spend a few minutes looking over and responding to the nine statements honestly, according to their personal opinion.
- Inform participants that their response will not be shared; it is for them to think about how they feel. Explain that they might find it interesting to revisit answers after the training.

2.1.2 What is Gender REAct and what are the benefits?**Presentation: What is Gender REAct and what are the benefits?**

(Slides 8–10)

Use the PowerPoint presentation to introduce Gender REAct and its benefits to the participants and ask for any questions.

Refer participants to:

- ✓ **Gender REAct: Introduction to Gender REAct**
- ✓ **Gender REAct, Unit 1, Section 1.1: Why is a focus on gender-based violence and discrimination important?**
- ✓ **Gender REAct, Unit 1, Section 1.2: What are the benefits of integrating gender into REAct programming?**

2.1.3 Understanding sex, gender and sexuality/sexual orientation**Presentation: Understanding sex, gender and sexuality/sexual orientation: Key concepts and how they interact** (Slides 11–12)

- Introduce some key definitions and acknowledge to participants that **this is a complex topic!** Reassure them that each area will be covered step-by-step, and that it is OK to feel confused or even uncomfortable if some of this information is new to them. **It is important also to remind participants of ground rules regarding respect for others and their experiences.**
- Introduce/emphasise the idea of sex and gender being on a **continuum** rather than binary. Often participants will 'know' that gender (as a social construct) changes over time and from place to place – but some participants may not be familiar with the idea that sex is also changeable –

through use of hormones and surgery – and there are more than just 'male' and 'female' categories.

Make sure that when we are talking about 'biological sex' this is also not a fixed, binary concept. Equally, when we talk about the biological characteristics of women and men (for instance, that women can menstruate, conceive, be pregnant, and give birth), be aware that some transgender men, intersex or gender diverse people may also have the bodily characteristics that allow them to perform these functions.

- Use the matrix (*Figure 2* and *Slide 12*). First display the four main categories (Sex, Gender, Sexual Orientation and Sexual Practices) and sum up these key concepts and how they interact.

Activity: Filling in the matrix

- Ask participants to work in small groups to list what they think the options are for each of the four main categories, before you then click to display the lists underneath.
- Ensure participants understand and are comfortable with the concepts of sex, gender norms, gender identity and sexuality/sexual orientation.

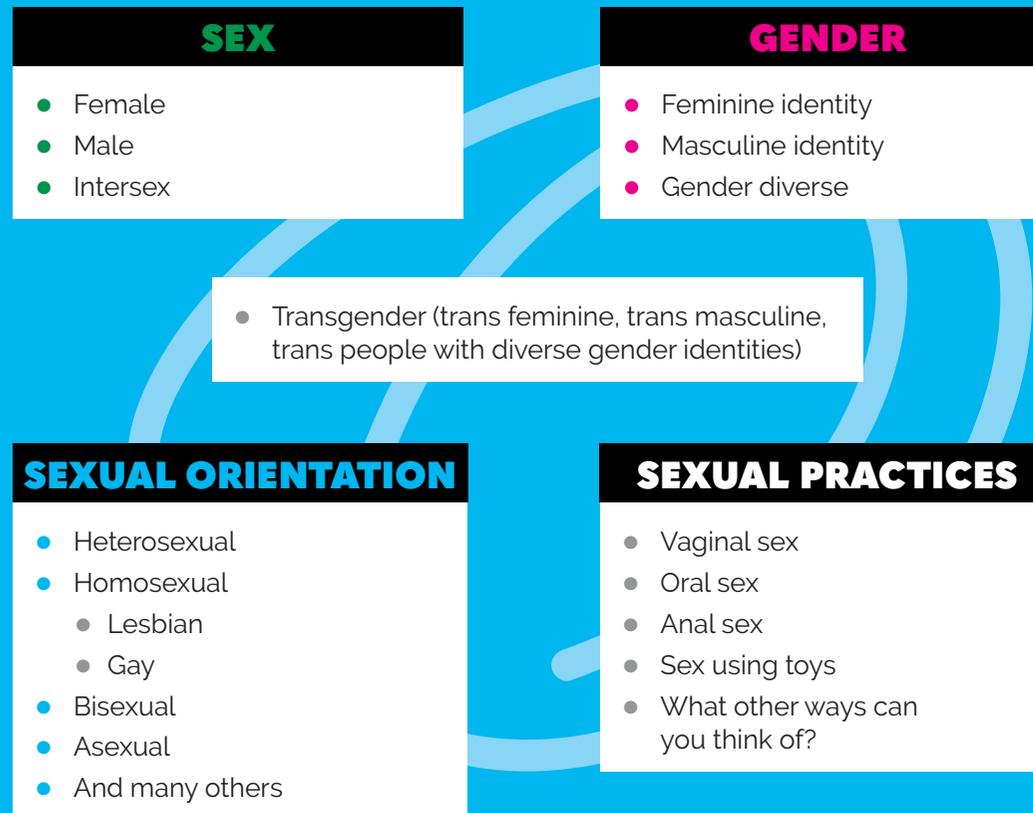


Ensure the key messages in *Box 10* have been covered.

Refer participants to:

- ✓ [Gender REAct, Unit 1, Section 1.3.1: What do we mean by sex, gender and sexuality?](#)

Figure 2. Sex, gender and sexuality/sexual orientation



BOX 10: KEY MESSAGES ABOUT SEX, GENDER AND SEXUALITY/SEXUAL ORIENTATION:

- **The word 'sex' is a label that refers to the body or anatomy** – a combination of reproductive organs, bodily characteristics, hormones and genetic differences (chromosomes) that a person is born with and develop during puberty.
- **Societies assign expected 'gender' roles, behaviours, activities, characteristics and opportunities it thinks are appropriate according to outward bodily anatomy (sex) at birth.** For example, boys are taught to be tough and girls are taught to be kind and nurturing. Sometimes, these expectations don't match how a person identifies or feels and they may express themselves differently from societal norms, traditions or customs.
- These **roles and behaviours are reinforced throughout a person's life**, and the way girls and boys are socialised to be 'feminine' or 'masculine' (or learn to conform with gender norms) is called 'gendering'.
- It is important to understand that **gender roles and gender norms are not fixed**. What it 'means' to be a 'man' or a 'woman' is variable and can change from time to time, culture to culture, and sub-culture to sub-culture.
- It is important to distinguish between what **society has constructed/created for each gender identity through expected gender roles, and what is affected by bodily or anatomical characteristics.**
- **Gender identity** is our internal sense of how we experience our own gender. When a person's gender identity is the same as the one they were assigned on the basis of their sex characteristics at birth, they are **cisgender**. When this is different, they are **transgender**. Gender identity is a broad spectrum that goes beyond a binary of male and female, and includes people who don't have any gender and people who have multiple genders. **Gender diverse** is a broad term that can include people across the broad spectrum of gender identities.
- **'Sexual orientation' describes who someone is attracted to**, such as: people of a gender different from their own ('**heterosexual**'); the same gender ('**lesbian**' or '**gay**'); to two or more genders ('**bisexual**'), alongside many other orientations. The expectation that men should be attracted to women, and women to men is called '**heteronormativity**'.
- **Expectations around the sexual preferences and behaviours (orientation) ascribed to men and women are also more fluid** than the heteronormative binary that says men should feel sexually attracted to women, and women to men.
- **Being transgender can be conflated with being gay**, especially in societies where both are considered illicit. However, **being transgender does not suggest a specific sexual orientation** – regardless of gender identity, people may be heterosexual ('**straight**'), lesbian, gay, bisexual, '**queer**' or '**asexual**' as just a few examples.
- Increasingly, there is an awareness that **not only gender identity but also biological sex being mutable**, and rather than being **binary** (i.e. only two options), **the concepts of sex, gender identity and gender expression are seen as belonging on a continuum.**
- **Sex can be changed through medical intervention** (hormone treatment, gender affirming surgery).
- There is a **range of gender identities, sexual orientations and gender expressions**. In this sense, gender in the broader sense refers not only to gender identity, but also to the gender norms and roles that define relationship and power dynamics among people because of how their communities define them and how they themselves identify and understand their gender identity.

2.1.4 Defining gender equality and gender inequality

Plenary discussion: (Slide 13)

- Invite participants to offer a **definition of gender equality**, with some examples.



Presentation: What is gender equality? (Slide 13)

- After the presentation/discussion on gender equality, invite participants to offer a **definition of gender inequality**, with some examples.
- Prompt with questions:
 - What are some of the ways that gender inequality is manifested in your society?
 - Which jobs are seen as typically male or typically female jobs? Which of these carries the highest status, most respect, and biggest salary?
 - How are domestic roles and responsibilities divided between men and boys and women and girls? What impact do these have on what people of different genders can or cannot do?
 - How do religion, traditional practices and laws affect women, men and gender diverse people?



Presentation: What is gender inequality? (Slide 14)

- Make sure there is understanding and agreement, that while gender inequality can have negative implications for everyone, including men and boys, the biggest negative impact of gender inequality is experienced by women and girls, and people who transgress or do not conform to gender/sexual norms. This includes people with diverse sexual orientations, gender identities and expressions, and sex characteristics, sex workers, and women who use drugs.

Ensure the key messages in Boxes 11 and 12 have been covered.

Refer participants to:



Gender REAct, Unit 1, Section 1.3.2: What do we mean by gender equality and gender inequality?

BOX 11: KEY MESSAGES ABOUT GENDER EQUALITY

Gender equality means:

- children, young people and adults of all ages, sexual orientations and gender identities have the same rights and opportunities
- all people are valued equally, have equal power to make choices and are not limited by their gender. For example, all people: girls, boys, and gender diverse young people can attend school equally and expect the same quality of education and learning opportunities
- all people have the same access to appropriate, quality healthcare that is responsive to their needs
- communities benefit because gender equality helps to prevent discrimination, stigma and violence, and makes communities safer and healthier when people in all their diversity are treated with dignity, respect and fairness

BOX 12: KEY MESSAGES ABOUT GENDER INEQUALITY

- 'Gender *inequality*' describes when some people have more power, value and worth than others as a result of their gender.
- The system that values and ascribes greater power to men over women is called 'patriarchy'.
- **Patriarchy is upheld by structures and norms that privilege men above women:** they have greater access to and control over resources, while women's work (and bodies) are seen to carry less value.
- In a patriarchal society, gender norms, social expectations and traditional beliefs **limit women's power and role in decision-making**, their ability to speak out and participate in public life, as well as influence their own personal lives and that of their children.

- Patriarchy often leaves **women socially and economically dependent on husbands** or male family members.
- **Women may not be able to make decisions about their own bodies or health (or that of their children) and may be subjected to unhealthy or dangerous traditional practices**, such as female genital mutilation and child, early or forced marriage. These harmful discriminatory practices are often normalised and accepted – sometimes even protected as cultural norms by society – and can be extremely difficult to change.
- Likewise, **people whose gender or sexual identity and/or practices do not conform to societal norms often face exclusion and discrimination.**

2.1.5 Advantages and disadvantages of adding a gender lens to REAct**Activity: Advantages and disadvantages of adding a gender lens to REAct** (Slide 15)

- Either in pairs or small groups of three, ask participants to brainstorm the possible advantages and disadvantages of adding a gender lens to REAct and their REAct programmes.
- Discuss answers together in plenary and if relevant, add in any ideas from *Table 3 (Slide 16)* that do not arise from participants. Ask participants for ideas on how the challenges may be addressed/overcome.

Refer participants to:

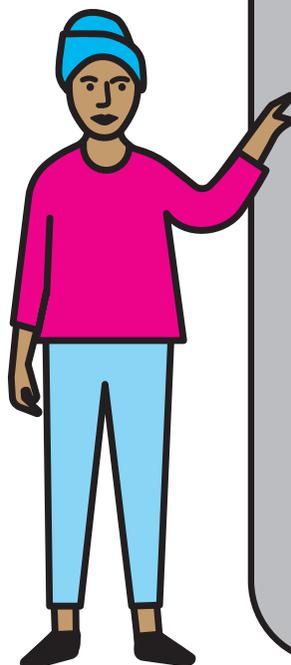
- ✓ **Gender REAct, Unit 1, Section 1.2: What are the benefits of integrating gender into REAct programming?**

Table 3: Advantages and disadvantages of adding a gender lens

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Can achieve better gender data collection and analysis to support development of effective action to tackle gender inequalities • Can monitor and help to achieve gender balance in activities • Supports the active and equal participation of all people, including women, sex workers, LGBT+ people and people living with HIV, at all levels of society • Promotes and protects the rights of all people in all their diversity 	<ul style="list-style-type: none"> • Topics may be sensitive and difficult to talk about • Communities may not agree or understand why we are working to support gender equality • Understanding of and response to gender issues may remain superficial 'sticking plasters', without leading to meaningful change • Danger of backlash/reinforcement of inequitable gender norms from conservative factions

Remind participants: All REAct programmes have been designed for adult populations. If they know about, or are approached by a child reporting any human rights violation, they should refer to their organisational child protection policies and/or report to the relevant authorities, such as police, social services or child welfare.

Go through the checklist to ensure that all areas have been covered before moving on to the next unit.



UNIT 2.1 CHECKLIST:

Welcome and introduction to Gender REAct (Slide 17)

- ✓ We know our trainers and fellow participants
- ✓ We understand the workshop agenda, aims and objectives
- ✓ We have an overview of Gender REAct, know why it has been developed, and its aims and objectives
- ✓ We understand the benefits of Gender REAct for implementing organisations, clients and the HIV response in our country
- ✓ We have an understanding of sex, gender, sexuality and gender equality/inequality
- ✓ We can explain the advantages and disadvantages of applying a gender lens to our REAct work and how we can use the data to participate in advancing gender equality in our country

2.2 UNDERSTANDING OUR CONTEXT

Session overview: (Slide 18)

This session is intended to frame gender equality and inequality in the country context by discussing the major forms, causes and impact of gender-based discrimination and violence in participants' communities. Participants also discuss recommendations for what needs to change and what their organisations can do to participate in advancing gender equality.

Time needed

- 60 minutes

Methods

- Presentation (including from local expert)
- Plenary discussion
- Group work

Materials

- PowerPoint from local expert
- **PowerPoint: Gender REAct workshop presentation**
- **Copies of Gender REAct, Unit 1, All Users Module**
- Flip chart paper, markers, tape, Post-it notes

Further information for trainers:

- ✓ **REAct User Guide, Unit T3: Understanding our context**



2.2.1 What is gender-based violence?

Activity: Gender-based violence – definitions and background (Slide 19)

To help participants to get the most out of the situational analysis presentation on the country context (2.2.2), it is important for them first to have an understanding of some key definitions and concepts.

- Ask participants to work in small groups. On flip chart paper they should write a definition of gender-based violence. Below, they should add columns for 'Who is at risk', 'Who carries it out', and 'Impacts'.

Presentation: What is gender-based violence, who is at risk, who are the perpetrators and what is the impact? (Slides 20–23)

- Ask for questions and give clarifications as needed.
- Ask participants: Is there anything that surprises you? What do our reactions tell us about the gender-related ideas we have absorbed during our lives? (e.g. men are 'naturally' violent, women have to put up with violence as part of a relationship, etc.)

Ensure the key messages in *Box 13* have been covered.

Refer participants to:

- ✓ **Gender REAct, Unit 1, Section 1.3.3: What is gender-based violence?**

BOX 13: KEY MESSAGES ABOUT GENDER-BASED VIOLENCE

What is gender-based violence?

- **Gender-based violence** is a human rights violation and is any harmful act that is committed against a person's will because of their sex or gender identity. It includes physical, sexual, emotional and psychological abuse; and denial of resources (e.g. livelihoods, education) or access to services (e.g. health and legal services).
- **Gender-based violence is an expression of inequality** within a relationship of power. We need to understand the gender power relationship of the people involved (e.g. husband/wife; client/sex worker; male health worker/woman; cisgender man/transgender man; group of men/lesbian woman).
- Because gender inequality is sustained by a system of societal 'rules' (gender norms), **gender-based violence is widely tolerated, condoned or found to be acceptable – and normal.** In surveys, both men and women agree that violence against women is acceptable in some situations.
- **Legal as well as social systems** are used to control (especially) women's bodies and these can be used to **sanction violence.** These include laws that criminalise aspects of sex work, same sex relationships, abortion and age of consent laws. Laws also fail to recognise

some forms of violence – for example, many countries' legal systems do not recognise marital rape and therefore fail to protect against it.

Who is at risk of gender-based violence?

- **Women and girls are most impacted by gender-based violence,** reflecting power inequalities between women and men. Boys and men (at a lower rate than girls and women), people with diverse gender identities and expressions and sexual orientations, including transgender people, and sex workers of all genders, experience gender-based violence.
- The **form of violence against people may differ** based on their sex, age, sexual orientation, gender identity and expression, sex work and/or HIV status. For example, women living with HIV or women with disabilities may be exposed to forced or coerced sterilisation, which adolescent girls or women in general wouldn't normally be exposed to.
- **Sex workers and women who use drugs are more likely to be exposed to police harassment,** extortion, or arbitrary arrest.
- In most societies **patriarchal values and norms are used to justify the occurrence of violence** and enforce gender oppression against women and girls.
- **Women's sexuality, for example, remains one of the biggest threats to patriarchy,** because it challenges the very core of the belief that men have control over women and their bodies. In

this case, violence becomes a tool to control and silence women.

- Often gender-based violence is a **reaction by a perpetrator as a result of the individual transgressing** social, religious and gender norms in a community. Forms of transgression can include clothing/expression of femininity/masculinity or sexuality, for example:
 - **Girls are expected to be modest** – not too overtly sexual; those who dress 'provocatively' may be seen to be 'asking for it'.
 - **Boys** whose appearance is too feminine or girls whose appearance is too masculine **may be 'punished' for not expressing the appropriate gender characteristics.**
 - **Transgender people and other people of diverse sexual and gender identities** are **frequent targets** of gender-based violence, often of the most extreme kind.
 - **Women who use drugs are often stigmatised more than men who use drugs,** because drug use is seen as going against the expectations of women to be nurturing and caring, and is seen as particularly transgressive in the context of motherhood.
 - **Children selling sex** may be especially **vulnerable to abuse** and violence from pimps, clients, the police, and the general public.

Who are the main perpetrators of gender-based violence?

- **Gender-based violence reflects power inequalities** and is usually perpetrated by persons who hold a position of power or control over others.
- In the **majority of cases, the perpetrator is someone known to the survivor**, including intimate partners (spouse/sexual), family members, friends, neighbours, teachers, community leaders, healthcare workers, police/peacekeepers, military, government officials, and others.

What is the impact of gender-based violence?

- There are **many consequences of gender-based violence**: exposure to sexually transmitted infections (including HIV), unwanted pregnancy, depression, fear, stigma, abuse by family members, and physical injuries up to and including death.

- Gender-based violence can act as a **barrier to vital health services**.
- The **rights to health, security and dignity are all weakened** as a result of gender-based violence. States have a duty to take positive action to prevent and protect all people – women, adolescent girls, people who identify as LGBT+, sex workers of all genders, children who sell sex, women and girls who use drugs, and women and girls living with HIV – from violence, punish perpetrators of violent acts and compensate victims of violence.
- **Support to reduce the impact of such violence includes referral to services** such as health and medical services, specific gender-based violence services, psychosocial services, safe home/shelter, legal support, police or other security and livelihood. This will be discussed in more detail in a subsequent session.

2.2.2 Gender-based discrimination and violence in our country: Context analysis



Presentation: Situational analysis (by a local gender expert) (Slide 24)

- Invite a local gender/human rights expert to present a situational analysis on gender and gender-based violence in the country. The presentation should cover the following:
 - **Individuals, groups and communities most affected:** Who is most affected by gender-based violence and discrimination in this country? How old are they, where are they from? What kind of work do they do?
 - **What are the main root causes and forms of gender-based discrimination and violence and who are the main perpetrators?** Discuss this across all levels: family, societal and cultural, political sphere and institutional environment.
 - **Impacts of gender-based violence and discrimination on people's lives and health:** What impact does gender-based discrimination and violence have on people's lives, particularly with respect to their ability to access HIV and SRH services and support?
 - **Community support:** What are the health, psychosocial, legal, safety and security, housing and livelihood support services available in this country, community or district?

- If there isn't an external presentation, these bullets can be used to stimulate plenary discussion or in buzz-groups.

Plenary discussion:

- Lead a plenary discussion in which participants share their experiences of working on issues of gender-based discrimination and violence, and the kinds of violence that the communities they serve face. How do they support individuals? What kind of evidence would they like to gather using REAct that could be used to advance gender equality in programmes, policies and laws?



The next activity will enable a deeper understanding of the root causes of gender-based discrimination and inequality, gender equality and rights, and the causes of gender-based discrimination and violence. It will also give participants a chance to demonstrate the extent to which they have digested and understood the concepts, by applying them to a particular population group.

12. The Gender-based Violence Tree is adapted from IAWG 2017. *Clinical Management of Sexual Violence Survivors: Gender-based violence core concepts*. IAWG: New York. Available at: <https://iawg.net/resources/clinical-management-sexual-violence-survivors/gender-based-violence-core-concepts>

2.2.3 Discussing gender-based discrimination and violence as experienced by marginalised populations (Slides 25–27)

Activity: Gender-based Violence Tree¹²

- In groups, ask participants to choose a marginalised population group that they think is relevant for them to focus on: women, sex workers, adolescent girls, LGBT+ people, refugees and asylum seekers, ethnic and religious minorities, people with disabilities. This population group will be used in examples throughout the workshop.
- Explain the Gender-based Violence Tree.
- Using the Gender-based Violence Tree' slide (Slide 25) as a guide, ask participants to draw a large tree on flip chart paper and write the name of their chosen population group above the tree.
 - **On the branches:** Write examples of **gender-based violence** that this population group may experience, e.g. sex workers may experience sexual assault or harassment.
 - **On the trunk:** Write any **contributing factors** that you think may increase the risk of gender-based violence for this group. For example, loss of livelihood may cause people to sell sex, putting them in risky situations.



- **On the roots:** Write the **root causes** of gender-based violence, e.g. abuse of power.
- **On the leaves:** Write the **consequences** of gender-based violence for survivors, their families and the community.
- Ask groups to present their trees and invite others to suggest additional points.



**Activity: Discussion – perpetrators and impact** (Slide 26)

- In groups, ask participants to discuss the following, building on their answers from the previous activity:
 - Who are the main perpetrators of gender-based discrimination and violence against this population group?
 - What impact does this have on the ability of members of this group to access HIV-related health services and access justice?
 - Ask groups to feed back in plenary.

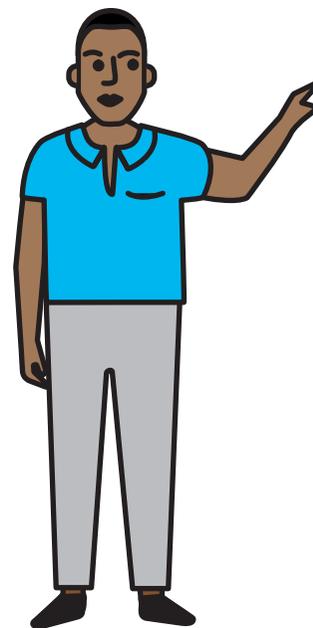
**Activity: Factors of vulnerability for marginalised populations** (Slide 27)

- Prepare flip charts with the following headings: Women (throughout their life); Women who use drugs; Women living with HIV; Sex workers; Adolescent girls; Women in prison or other closed settings; People with difference identifies in the LGBT+ community; Transgender women; Refugees and asylum seekers/ethnic and religious minorities; People with disabilities; Men and boys.
- Tape the papers up on the walls, or lay them out around the room on tables or on the floor.
- Working in pairs or threes, participants should write on Post-it notes any factors that they think increase the risk of violence for any of the groups, and stick the notes on the relevant paper. After everyone has finished, ask them to go round and look at all the papers. Are there some factors that apply to more than one group? Which factors seem very specific to a particular group?

**Presentation: Factors that contribute to increased risk of gender-based violence**

(Slides 28–31)

- Refer participants to Gender REAct, Unit 1, *Table 1*, page 14 and go through the slides 28-31 for examples of factors that increase risk.
- Check understanding by asking for volunteers to explain in their own words how gender-based discrimination and violence affects their community and the work of their organisation.



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.

UNIT 2.2 CHECKLIST:**Understanding our context**

(Slide 32)

- ✓ We can describe gender-based violence
- ✓ We understand gender-based violence and discrimination in our country context: Who is affected; root causes; main perpetrators, impact and community support available
- ✓ We have agreed priority issues relating to gender and gender-based violence for our various community groups

2.3 UNDERSTANDING HUMAN RIGHTS RELATED TO GENDER EQUALITY

Session overview: (Slide 33)

This session is intended to help participants understand the rights that are related to gender equality, how these rights are affected by gender discrimination and how gender rights can be advanced through national and international instruments and platforms.

Time needed

- 60 minutes

Methods

- Presentation
- Group work

Materials

- PowerPoint: Gender REAct workshop presentation
- Copies of Gender REAct, Unit 1: All Users Module
- Flip chart paper, Post-it notes, markers and tape.

Further information for trainers:

- ✓ REAct User Guide, Unit T4: Human Rights Principles and Responses



2.3.1 Why do human rights matter for HIV, gender and gender-based discrimination and violence?



Presentation: Why do human rights matter for HIV, gender and gender-based discrimination and violence (Slides 34–35)



Activity: Identifying how rights are affected by gender-based discrimination and violence (Slide 36)

- Divide participants into seven groups. Assign each group one or more of the following rights: Health; Education; Identity and expression; Relationships and community; Resources; Participation in governance; Safety and security.
- Distribute flip chart paper and markers and ask participants to define briefly what they think that right consists of, and then list examples of how it could be affected by gender-based inequality or discrimination.
- Ask each group to present their definition and examples.

Refer participants to:

- ✓ REAct User Guide, All Users' Module: How do Human Rights Violations Impede Access to Health and Other Services
- ✓ REAct User Guide, Unit R1: Human Rights Principles and Responses
- ✓ Gender REAct, Unit 1, Section 1.4: Understanding the linkages between gender-based violence, HIV and human rights



Presentation: Identifying how rights are affected by gender-based discrimination and violence

(Slides 37–39)

- Go through the slides and compare the examples given with the ones presented by the groups.

Ensure the key messages in *Box 14* have been covered

BOX 14: KEY MESSAGES ON THE LINKS BETWEEN HUMAN RIGHTS, HIV, GENDER AND GENDER-BASED DISCRIMINATION AND VIOLENCE

- **While gender inequality affects susceptibility to HIV and the impact of HIV, HIV also influences gender inequality and human rights more generally.** A person may acquire HIV as a result of sexual or intimate partner violence; and being diagnosed HIV positive may trigger gendered forms of violence and discrimination against a person.
- **The right to health, security and dignity are weakened as a result of gender-based violence.** States have a duty to take positive action to prevent and protect all people, including people who identify as LGBT+; sex workers of all genders; children who sell sex; women and girls who use drugs; and women and girls living with or at risk of HIV from violence, to punish perpetrators of violent acts and compensate victims of violence.¹³

Refer participants to:



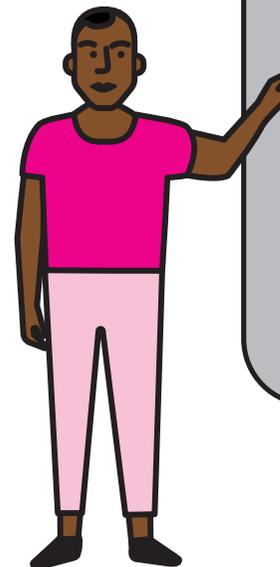
Gender REAct, Unit 1, Table 2: Looking at Human Rights through a Gender Lens (Pg 18).

UNIT 2.3 CHECKLIST:

Understanding human rights related to gender equality

(Slide 40)

- ✓ We have an overview of different rights
- ✓ We understand how these rights could be affected by gender-based inequality or discrimination



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.

13. OHCHR. *Declaration on the Elimination of Violence Against Women and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) General Recommendation No. 35*. Available at: [The ASEAN Human Rights Declaration covers 10 countries of the Association of Southeast Asian Nations](#)

2.4 IDENTIFYING INCIDENTS: USING THE REAct TEMPLATE TO DOCUMENT INCIDENTS OF GENDER-BASED DISCRIMINATION AND VIOLENCE

Session overview: (Slide 40)

In this session, the trainer will present the revised REAct template, describing each of the new incidents relating to gender-based discrimination or sexual or gender-based violence. Then the participants will be given a scenario and asked to practise documenting incidents in the template.

Time needed

- 90 minutes

Methods

- Presentation
- Group work
- Plenary discussion

Materials

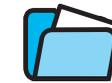
- **PowerPoint: Gender REAct workshop presentation**
- Copies of Gender REAct template
- Copies of scenarios

Further information for trainers:

- ✓ **REAct User Guide, Unit T5: Collecting Evidence**



2.4.1 Introduction to the REAct template



Presentation: Introduction to the REAct template (Slides 42–43)

- Hand out/refer participants to the new REAct template.
- Go through the template, explaining the new incidents and perpetrators.
- Ask for questions and feedback

Refer participants to:

- ✓ **REAct User Guide, Unit R2: Collecting Evidence**



Activity: Participants practise identifying incidents and perpetrators (Slide 44)

- Put participants into pairs or threes; hand out scenarios (Slide 45) to each group
- Ask them to identify the incidents and perpetrators, with reference to the template.
- Go through each scenario and get responses from participants.
- Ask for questions and any other feedback.

2.4.2 Is this gender-based violence?



Plenary discussion: When does a human rights violation constitute gender-based discrimination/violence, and when does it not?

Definition of gender-based violence:
Any harmful act that is perpetrated against a person's will and that is based on and upholds gender norms and unequal power relationships.

- Go through the above definition of gender-based violence (Slide 46)
- Discuss in plenary – are there times when it's not clear whether something is gender-based violence or not? What can help us to put this definition into practice?
- Use the questions below (Slide 47) to elicit ideas from the group and stimulate discussion.
- You can refer back to the scenarios on Slide 45 to illustrate some of the points in the questions.

Ensure the key messages in *Box 15* are covered

Refer participants to:

- ✓ [Gender REAct, Unit 1, Section 1.3.3: What is gender-based violence?](#)

These questions can help REActors to understand and apply the definition:

- Does the incident involve sexual violence by a partner or non-partner? (rape, sexual assault, sexual harassment, female genital mutilation/cutting, child marriage, etc).
- Did the violation occur within a domestic setting, or between intimate partners? What is the relationship of power between the perpetrator and the survivor? What was the form of domestic or intimate partner violence?



- Do(es) the perpetrator(s) belong to a more powerful group than the person who has experienced the violation on the basis of their gender identity, or sexual orientation? e.g. husband/male partner to wife/female partner; Client/pimp to sex worker; Cisgender man to transgender man; police officer to gay man arrested for 'loitering'; teacher to student?
- Does the survivor belong to a group that is criminalised because of non-conformity with sexual norms? (E.g. sex worker, LGBT+ person).
- Was the incident motivated by a desire to punish perceived transgression of sexual norms? e.g. gang rape of a gay man, lesbian woman, transgender or gender diverse person; police brutality, arbitrary arrest, extortion targeting a sex worker of any gender; denial of education to a pregnant adolescent girl or adolescent mother?
- Does the incident involve denial of or coercion into sex/gender specific services or actions, or access to sex/gender specific spaces? e.g. coerced abortion/sterilisation of women; incarceration of transgender woman in male prison?
- Does the incident involve maintaining or reasserting the unequal power of men over women, cisgender over transgender, gender diverse or intersex persons, straight over gay or queer e.g. husband publicly humiliates his wife who earns more money than he does; woman has to ask permission from male relative to marry or access financial services?

BOX 15: KEY MESSAGES ON DEFINING GENDER-BASED VIOLENCE

- Patriarchy and power hierarchies create the conditions for gender based violence and discrimination against women, girls and gender diverse people.
- Gender based violence and discrimination cause major vulnerability to HIV acquisition and may also increase after an HIV positive diagnosis.
- The forms and effects of gender based violence can be very different for men and women, boys and girls, and gender diverse people.

UNIT 2.4 CHECKLIST:**Using the react template to identify and document incidences of gender-based discrimination and violence**

(Slide 48)

- ✓ We can describe each of the new gender-specific incidents and selection of perpetrators in the updated Gender REAct template
- ✓ Given a case scenario, we can identify gender-specific incidents and perpetrators

2.5 ASSESSING STATE COMMITMENTS TO ADVANCING GENDER EQUALITY**Session overview:** (Slide 49)

This session covers why it is important that REAct implementers know both international laws and the laws in their country that relate to gender and gender equality.

A local gender/law expert will discuss the legal and policy commitments that the state has made to advancing gender equality. Then, after a brief recap by the trainer of what state responsibility entails in terms of the duty to respect, protect and promote human rights, the participants will practice assessing state responsibility using the scenarios from the previous exercise.

Note: If participants are struggling with assessing state responsibility, it is strongly recommended that you return to the detailed training materials on this subject are returned to in the main REAct Guide before proceeding to this section.

Time needed

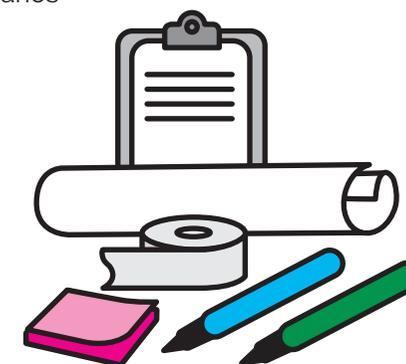
- 90 minutes

Methods

- Presentation (including by local gender/law expert)
- Plenary/small group discussion

Materials

- PowerPoint from local expert
- **PowerPoint: Gender REAct workshop presentation**
- Copies of REAct template
- Copies of scenarios



2.5.1 Assessing state commitment to gender equality



Presentation: The commitments the state has made to advancing gender equality (local gender/law expert or trainer) (Slide 50)

- Prepare in advance or invite a gender/law expert to prepare and present the legal and policy commitments that the state has made to advancing gender equality. The presentation/discussion should include:
 - a **legal environment assessment** on existing laws, policies, judicial precedent and institutional practices in the country
 - **global commitments** that states have made with respect to regional and international instruments relating to the advancement of gender equality.
 - **laws that undermine gender equality**, (such as laws that criminalise sex work and homosexuality) and laws that ignore gender imbalances (such as willful transmission of HIV as it disproportionality affects women).



Activity: Plenary/small group discussion: How has the state demonstrated its commitments to advancing gender equality and what impact has it had on HIV vulnerability?

(Slide 51)

- In plenary, or small groups, ask participants:
 - In what ways has your government demonstrated its commitments to gender equality, and what impact has it had on HIV vulnerability, especially for marginalised populations?
 - Where is the government falling short on its commitments to advance gender equality and what impact has this had on HIV vulnerability?
 - What more can your government do to advance gender equality and eliminate all forms of gender-based discrimination and violence, thereby reducing HIV vulnerability?



Activity: Identifying whether the state has fulfilled its responsibilities to respect, protect and promote the rights of individuals

- Using the scenarios Slides 52 and 54, ask participants to assess the extent to which the state has fulfilled its responsibilities to respect, protect and promote the rights of the individuals involved.
- In plenary, participants feedback explaining their reasoning – refer them to Slides 53 and 55.

Ensure the key messages in Box 16 are covered.



Presentation: How can states respect, protect and promote rights and gender equality? (Slide 56)

Respect rights to gender equality by:

- putting in place legal and policy frameworks that advance gender equality, e.g. gender equality workplace policies, domestic violence legislation
- repealing harmful laws and policies that undermine gender equality, e.g. decriminalizing homosexuality and gender expression
- not perpetrating forms of gender discrimination and violence through the actions of representatives of the state, e.g. police, military, healthcare workers

Protect rights to gender equality by:

- remedying instances where individuals' rights to gender equality are threatened or violated
- establishing effective remedial mechanisms, e.g. Gender Equality Commissions, police protocols for protecting victims/survivors, domestic violence hotlines, domestic violence shelters

Promote rights to gender equality by:

- continually advancing gender equality in a responsive and adaptive way, e.g. through new legislation, new practices and new institutions that uphold gender equality

2.5.2 Protecting gender equality and human rights: International, regional and national commitments

Gender-based discrimination and violence violate human rights enshrined in international human rights conventions, platforms or treaties. Participants do not need to know the details of all of these, but should at least have a broad awareness that they exist.



Presentation: Protecting gender equality and human rights

(Slides 57–59)

- Ask for questions

Refer participants to:

- ✓ [Gender REAct, Unit 1, Section 1.5: Why is it important to understand domestic and international laws and instruments relating to gender equality?](#)

BOX 16: KEY MESSAGES ABOUT STATE ACCOUNTABILITY FOR ADVANCING GENDER EQUALITY

- Gender based violence interferes with the enjoyment of virtually all rights – political, civil, socio-economic and others.
- States have a duty to take positive action to respect, protect and promote the rights of all people, by enacting legislation that prohibits all forms of gender inequality, advancing gender equality in all sectors of society such as in employment and education, and bringing perpetrators of gender-based discrimination and violence to justice.
- It is our role as rights holders to participate in political, civic and social life to ensure our rights are upheld, including holding governments to account for protecting, upholding and fulfilling our rights. This is why it is important to know what our governments have committed to doing to advance gender equality, so that we can monitor how well they are fulfilling these duties.
- The data generated through REAct enables us to hold governments to account for the commitments that they have made and for the ways their laws and actions are inhibiting gender equality; and to demand that they continue to progressively advance gender equality, particularly in line with the global standards set out in international human rights law.

UNIT 2.5 CHECKLIST:

State commitments to advancing gender equality (Slide 60)

- ✓ We can briefly discuss the laws, policies and regulatory frameworks and enforcement mechanisms in place in our country that advance as well as inhibit gender equality, and the impact that these have on HIV vulnerability
- ✓ Given a scenario, we can assess whether the state has fulfilled its duty to respect, protect and promote gender-related rights, and provide reasons for our conclusions
- ✓ We have discussed how, and the extent to which we feel the state has advanced gender-related rights, and where improvements can be made to advance gender equality in law, policy and institutional practices in ways that reduce HIV vulnerability

2.6 IDENTIFYING SERVICES TO RESPOND TO GENDER-BASED DISCRIMINATION AND VIOLENCE

Session overview: (Slide 61)

This session is intended to help participants understand what resources are available to support individuals affected by gender-based discrimination and violence in their communities. Participants will also identify what rights-based gender responsive/transformational programming is relevant for their organisation

Time needed

- 60 minutes

Methods

- Presentation
- Group work

Materials

- **PowerPoint: Gender REAct workshop presentation**
- Copies of Gender REAct, Unit 3.1.1: How can we respond? Services and resources
- Flip chart paper, Post-it notes, markers and tape

Further information for trainers:

- ✓ **REAct User Guide, Unit T3.3: Mapping responses**



2.6.1 Identifying services to respond to gender-based discrimination and violence



Presentation: How can we respond to gender-based discrimination and violence? (Slides 62–63)

- Remind participants that even though a service is available, it may not be a good place to refer all people. For example, if providers are biased against LGBT+ people, sex workers or adolescents, or if health facilities don't have post-exposure prophylaxis (PEP) or emergency contraception for rape survivors, it is not a good place to refer clients. It is important that REActors do their research, seeking advice from community-led organisations for each marginalised population, to ensure equal access and appropriate services for all people before referring clients.

Activity: Mapping services and resources (Slide 64)



- Explain to participants that now that we understand what services individuals may need, we will map what is available in our communities.
- Put participants into small groups; distribute flip chart paper and markers.
- Ask participants to draw six columns and label each column with a heading: Medical/Health, Psychosocial, Safe house/Shelter, Justice/Legal, Safety/Security, Livelihood services.

- Ask participants to list services in their community that they can refer clients to in each of these categories. Remind participants again that even though a service is available, it may not be a good place to refer all people.
- Ask participants to give a brief overview in plenary.
- Stick the flip chart papers up on the wall and give participants a few minutes to do a 'gallery walk' to look at them. If organisations are working in the same geographical areas, encourage them to add any services they are not currently linking to.

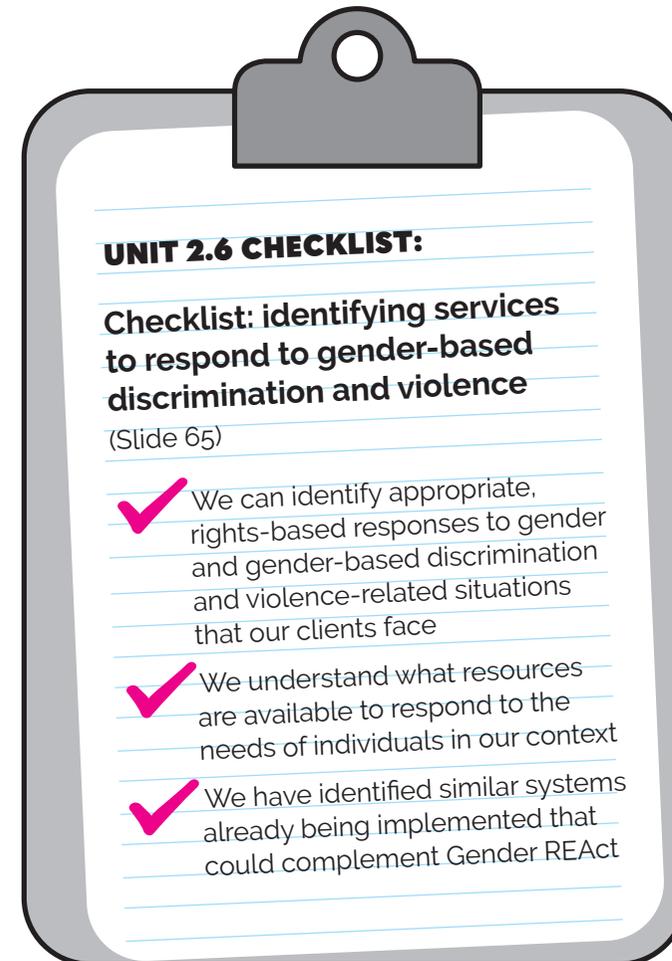
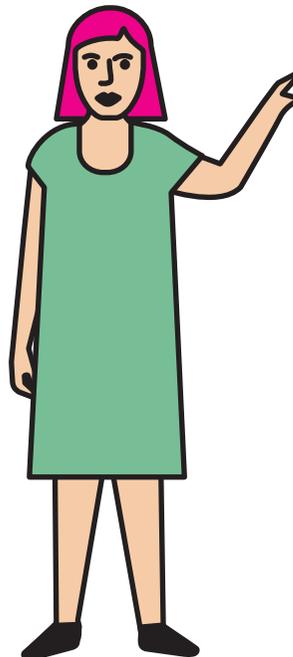


Activity: Participants practise identifying services using the scenarios

(Slides 52 and 54)

- In groups, ask participants to refer to the scenarios and identify the kinds of services that are available in their community that they might provide/refer their client to.

Go through the checklist to ensure that all areas have been covered before moving on to the next unit.



2.7 MAKING GENDER-RELATED PROGRAMMATIC RECOMMENDATIONS

Session overview: (Slide 66)

During this session, participants will develop their understanding of the eight human rights programming areas adapted from and building on UNAIDS: Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses,¹⁴ and Frontline AIDS: Implementing and scaling up programmes to remove human rights-related barriers to HIV services.¹⁵

14. UNAIDS 2012. *Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses*. Geneva: UNAIDS. Available at: https://www.unaids.org/en/resources/documents/2012/Key_Human_Rights_Programmes

15. Frontline AIDS 2020. *Implementing and scaling up programmes to remove human rights-related barriers to HIV services*. Brighton: Frontline AIDS. Available at <https://frontlineaids.org/resources/implementing-and-scaling-up-programmes-to-remove-human-rights-related-barriers-to-hiv-services/>

Time needed

- 60 minutes

Methods

- Presentation
- Plenary discussion
- Group work

Materials

- **PowerPoint Gender REAct workshop presentation**
- Copies of Gender REAct, Unit 3.1.2: Rights-based programming to remove or reduce gender-related discrimination
- Interview checklist and Referral card
- Copies of scenarios



Further information for trainers:

- ✓ **REAct User Guide, Unit T4: Human rights principles and responses**

Further information for trainers and participants:

- ✓ **UNAIDS – Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses**
- ✓ **Frontline AIDS – Implementing and scaling up programmes to remove human rights-related barriers to HIV services**



Presentation: Rights-based programmes to remove or reduce gender-related discrimination
(Slides 67–68)

Activity: Identifying activities to reduce gender-based discrimination and violence (Slide 69)



- Break into groups; participants can be grouped randomly.
- Assign each group one or two of the human rights-related programmes. Ask the groups to suggest examples of interventions and activities within the programme/s they have been assigned that reduce gender-based discrimination or violence.
- Ask groups, 'what are the existing programmes being implemented in your community that reduce gender-based violence and discrimination? What are the gaps and challenges?'
- Gather feedback in plenary.



Activity: Participants practise making programmatic recommendations and identifying gaps
(Slide 69)

- In the same groups, return to the scenarios on Slides 52 and 54 and ask participants to make programmatic recommendations identifying both existing responses, and where there are gaps.
- Feedback in plenary.

UNIT 2.7 CHECKLIST:**Making gender-related programmatic recommendations** (Slide 70)

- ✓ We are able to make programmatic recommendations in line with the eight key human rights programming areas
- ✓ We understand the existing programmes being implemented in our community, who is implementing them, and where the gaps/challenges are

Go through the checklist to ensure that all areas have been covered before moving on to the next unit.

2.8 COLLECTING EVIDENCE**Session overview:** (Slide 71)

The aim of this session is to increase participants' knowledge and skills in interviewing clients who have experienced gender-based discrimination or violence. It covers the key principles to consider and practices to follow.

Time needed

- 90 minutes

Methods

- Presentation
- Plenary discussion
- Discussion in pairs
- Group work
- Role play

**Materials**

- [PowerPoint Gender REAct workshop presentation](#)
- Copies of Interview checklist and Referral Card REAct User Guide, Unit R 2.3
- Flip chart paper, Post-it notes, markers and tape

Further information for trainers:

- ✓ [REAct User Guide, Unit T5: Collecting Evidence](#)
- ✓ [REAct User Guide, Unit T6: Managing information](#)

Refer participants to:

- ✓ [REAct User Guide, Unit R2: Collecting Evidence](#)
- ✓ [REAct User Guide, Unit R3: Managing information](#)
- ✓ [Gender REAct, Unit 3.2: Conducting gender-sensitive interviews](#)

2.8.1 Key principles of interviewing clients about gender-based discrimination and violence

Activity: Discussion (Slide 72)

- Ask participants to discuss in pairs what principles and practicalities they think they should bear in mind when interviewing someone about gender-based discrimination or violence. Examples may include: the client requesting or feeling more comfortable with an interviewer of the same gender, women wanting to avoid retaliation if they are seen to be 'speaking up' or 'speaking out' when reporting incidents; handling interviews when husbands/partners/brothers want to be present.



Presentation: Key principles of interviewing clients about gender-based discrimination and violence

(Slide 73–74)

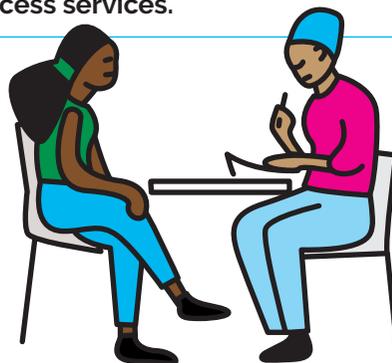
- Check for understanding and provide further clarification as necessary. Ask participants to suggest any additional ideas based on their discussion in pairs.

For more information about the eight key human rights principles that should be kept in mind when conducting gender-based discrimination and violence interviews please refer to page 60.

Ensure the key messages in *Box 17* are covered

BOX 17: KEY MESSAGES ABOUT THE PRINCIPLES OF INTERVIEWING

- Safety and well-being should be a priority: It is important to make sure that the client feels safe speaking to you.
 - Do not interview survivors in the presence of others. Speak to the clients alone first and ask them if they want someone to accompany them during the interview.
 - Do not talk about cases in public places.
- Gender dynamics: ask the client if they would feel more comfortable speaking to an interviewer of the same or different gender.
- Multiple interviews about an incident of gender-based violence can re-traumatise a survivor. Protect survivors from having to repeat their story to multiple people from within your organisation or different organisations and service providers.
- **An interview is not required to support survivors to access services.**



2.8.2 Data and security



Activity: Gender-based discrimination and violence – data and security¹⁶ (Slide 75)

This activity will emphasise the importance of data security for the individual that the data represents, ensuring that we **Do No Harm**.

- Ask participants to break into their groups.
- Instruct the groups to draw a circle with a person inside. This person represents your population group.
- On the inside of the person, list how the individual might feel if details of the case file were shared or accessed by others.
- On the outside of the circle, list the concerns their character may have about accessing services after an incident of gender-based discrimination or violence.
- On the inside of the circle, list ways we can protect the individual and help minimise fears/concerns. What steps can we take to ensure we are not doing harm?
- Tape the completed flip chart posters on the wall and ask participants to circulate and look at what all the groups created.
- Discuss the posters for 10 minutes and in particular the third point about ways that we can protect clients and ensure we do no harm.

16. Adapted from the GBVIMS Facilitators Guide <https://www.gbvims.com/implementation/facilitators-guide/>

- Ask the following questions to generate discussion:
 - What kinds of situations have you seen or experienced where a person's rights, needs or wishes were not being protected or respected when it came to interviewing or data management?
 - What might be some of the causes or reasons for that?

Plenary discussion:

- Ask participants if they have had experience of carrying out interviews about gender-based discrimination and violence. If so, invite them to share any difficulties or challenges they have encountered and how they dealt with them.



2.8.3 What does 'Do No Harm' mean in practice?



Presentation: What does Do No Harm mean in practice? – Interview techniques (Slides 76–79)

- Check for understanding and provide further clarification as necessary.
- Reiterate/introduce the concept of re-traumatising a survivor of gender-based violence.
- Discuss and clarify the protection and confidentiality of the person reporting a violation versus the legal obligation to report (under law) or if non state actors (e.g. UN) are involved, refer

back to country analysis section and emphasise importance of including this in country legislative mapping, for example.



Presentation: Do No Harm – Compassion fatigue (Slide 80)

- Check for understanding and provide further clarification as necessary.

Plenary discussion:

- Ask participants to give examples of self-care.
- After examples are exhausted review Slide 81: ABCD's of Self-care.
- Mention the options for other mental health support that colleague, peers or line managers can offer to REActors (e.g. Mental Health First Aid).



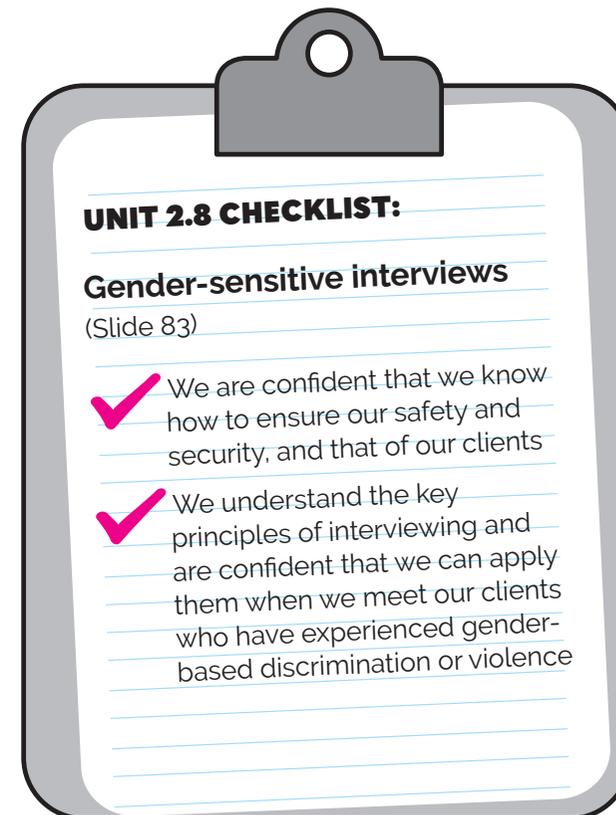
Activity: Role-play (Slide 82)

- Ask participants to pair up, with one person taking the role of the beneficiary or client and the other an implementing organisation representative or peer outreach worker.
- Ask them to think of a case that is relevant to their community as a basis for the interview practice. The case should be fictional, but they can include realistic details based on their knowledge of the kinds of incidents that have been experienced by this community. Tell participants they have 30 minutes to take turns interviewing each other about the incident or case.
- Invite a few volunteers to perform in front of the group. Ask participants in the audience to give constructive feedback on how the interview was



conducted, noting what the interviewer did well and any suggestions for improvement.

- In plenary, recap on gender-related interviews and ask for questions or comments. What did people find challenging? What would they do differently next time?



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.

2.9 CUSTOMIZING THE GENDER REAct TEMPLATE

Session overview: (Slide 84)

In this session, participants will be reminded why it's beneficial to document gender-specific indicators in the REAct template. They will discuss the kind of data they wish to collect and why, in terms of how this will serve to advance their programming and advocacy work. Participants will get an opportunity to recommend changes to their template so as to capture more specific gender-related data, giving reasons for their changes as needed.

Time needed

- 60 minutes

Methods

- Plenary discussion
- Plenary/ group work

Materials

- Copies of Gender REAct template
- Flip chart paper, Post-it notes, markers and tape



Plenary discussion: Starting with the end in mind



- Start by referring participants back to the many benefits of a gender-focused REAct.
- Invite organisational project managers to explain the programmatic objectives that REAct data contributes to – how does a gender-focus in REAct advance these objectives and therefore what kind of data do you wish to document as a result?

Activity: Keep, remove or change?

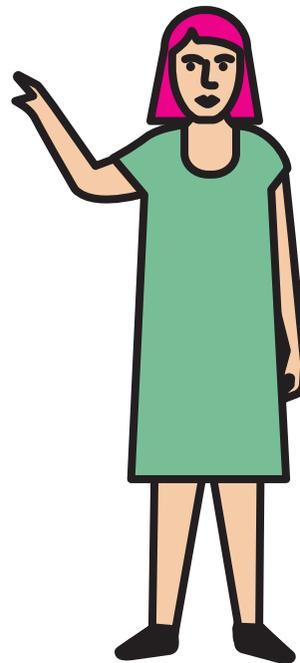
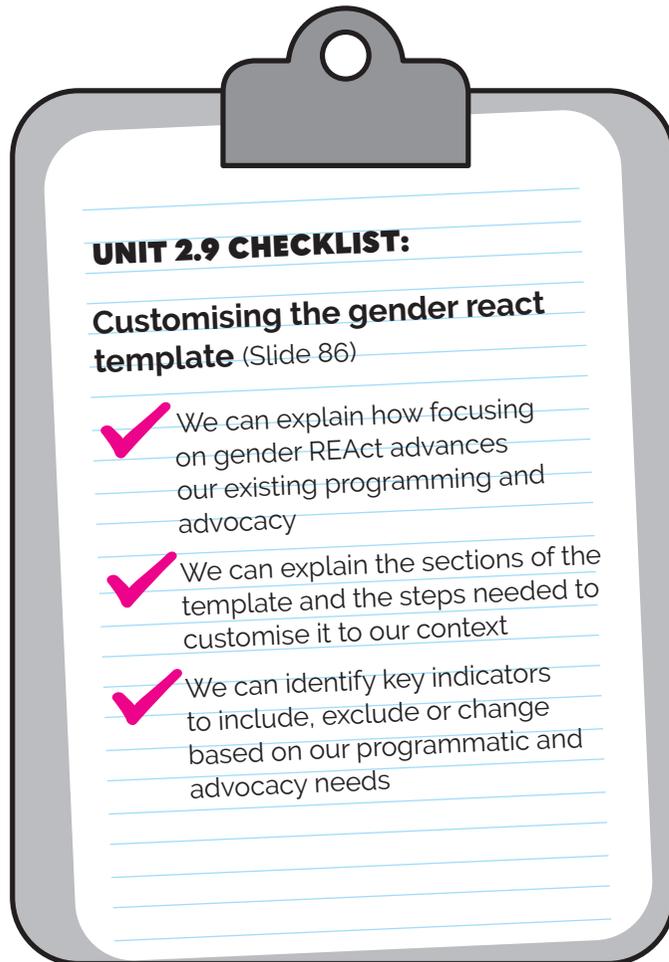


- Distribute copies of the existing template and discuss its content. If the project is new, start by referring back to the updated Gender REAct template.
- In plenary or small groups, discuss the standard sections. Go through the updated gender REAct template, and ask participants to come up with joint recommendations for the indicators that they wish to keep, remove or change (to meet contextual needs) explaining their reasons where needed.

Remind participants:

Keep in mind that although you want to ensure your REAct template accurately captures data relevant to your context, you should also consider the comparability of your data sets with those of other REACT programmes so that data can be aggregated at different levels: community, country, regional and global levels. When customising the template, continuously ask yourself how crucial any proposed adaptations are and seek to strike a balance between customising too much or too little. Ask yourself, what is a genuinely necessary change to the existing template to make it suitable for our context, and what is simply 'nice to have' and can be excluded?

NB: If you are using the Wanda platform hosted by Frontline AIDS, do not forget to send the agreed-to changes to the REAct team at Frontline AIDS who will then customise your template and transfer it to Wanda for you.



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.

2.10 NEXT STEPS

Session overview: (Slide 87)

The aim of this session is to help participants to understand and plan the next steps in integrating gender into their REAct programming.

Time needed

- 15 minutes

Methods

- Plenary discussion

Materials

- PowerPoint: Gender REAct workshop presentation
- Post-it notes and pens

Refer participants to:

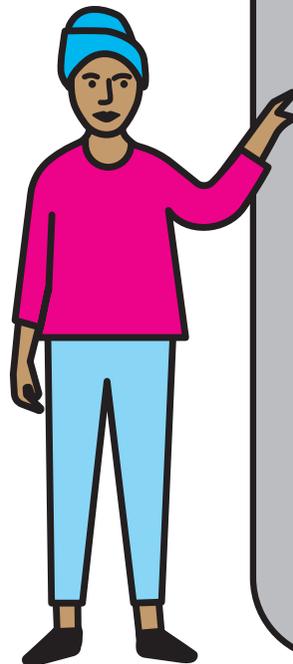
- ✓ REAct User Guide, Unit R: REActors'/Implementers' Module
- ✓ Gender REAct, Unit 3: REActors'/Implementers' Module



2.10.1 Next steps

- Using the **Next Steps checklist** (Slide 88) as a guide, work your way through the Checklist and invite participants to ask questions or seek any final clarification they need.
- Before concluding, ensure that all questions have been answered and that there is agreement on the next steps.
- To wrap up the workshop, distribute Post-it notes and ask participants to complete the statement: "As a result of this training, I will...". Go round in a closing circle and invite each participant to share one thing they intend to do.

Before concluding the workshop, go through the checklist to ensure that all points have been dealt with and that there is agreement on the next steps.



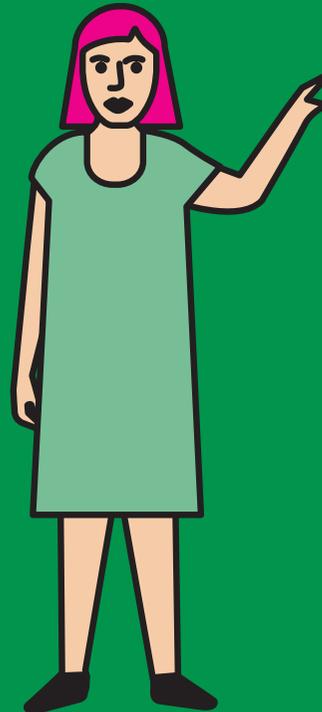
UNIT 2.10 CHECKLIST:

Next steps (Slide 88)

- ✓ We have agreed on how we will record the gender-based discrimination and violence violations that happen to our clients
- ✓ We have finalised the template to include gender indicators appropriate to our context
- ✓ We have finalised the mapping of referral services and ensured that they are appropriate and friendly to all people in all their diversity
- ✓ We have finalised our programme implementation plan to include Gender REAct programmes

UNIT 3: GENDER REActors'/ IMPLEMENTERS' MODULE

Please ensure that you have read the Gender REAct All Users Module before this one. In the Gender REAct workshop, the training team will guide you through the issues covered in the module. The material here serves as a handy reference during the training and afterwards, as you begin to implement.



“ Violence is everywhere. Over time, and as you get older, you come to see it as normal.”

LEARN MENA participant from Algeria

3.1 RESPONDING TO GENDER-BASED DISCRIMINATION AND VIOLENCE

3.1.1 How can we respond? Services and Resources

Access to confidential and quality services is an important and life-saving component of responding to gender-based discrimination and violence. This includes referral to:

- 1. Health and Medical Services:** Access to high quality, confidential, non-discriminatory healthcare services is a critical and life-saving component of care, and should include access to: trauma/injury care, clinical management of rape, access to post-exposure prophylaxis, emergency contraception, safe abortion care to the full extent of the law, STI/HIV testing and treatment and/or prevention counselling and PrEP and family planning services. Special consideration should be given to the unique needs of women, girls, persons with HIV, sex workers, persons with disabilities, LGBT+ persons and others.
- 2. Psychosocial Services:** Many people who experience gender-based discrimination and violence experience long-lasting psychological and social effects – including post traumatic stress disorder or PTSD – which may further increase their vulnerability to HIV and other SRHR challenges in the longer term. Individuals need help to access mental health and psychosocial services, including peer support, which can help

to build individual and community resilience and support positive coping mechanisms.

- 3. Safe house/Shelter:** Safety is very important. If it is not safe for the person to go home, refer them to a local shelter or safe house. If they are not ready to go to a shelter, ensure they know who to contact to gain access so that they can go there when they are ready.
- 4. Legal support:** Survivors of gender-based discrimination and violence may want legal justice, while others may not. It is important to inform them of their options and support them with accessing local legal-aid organisations, staffed by personnel trained on gender and rights.
- 5. Police or other security:** It is important to protect and support the safety of the person; inform them of their options; and support them with reporting the incident, if that is what they want to do. If formal protection systems are weak or non-existent, community-based protection mechanisms can also play an important role in ensuring safety and security.
- 6. Livelihood:** Supporting access to and control over economic resources can enhance resilience, reduce vulnerability, and mitigate the risk of gender-based discrimination and violence. Ensuring that basic needs are met promotes self-sufficiency, empowerment and resilience.

3.1.2 Rights-based programming to remove or reduce gender-related discrimination

Gender REAct documents gender- and human rights- related barriers and violations in accessing health, HIV, violence response and other services in order to:

- Provide adequate individual responses, including referrals to support services
- Influence/change practices at a community and service provision level that perpetuate (and condone) gender-based discrimination, violence and other rights abuses
- Inform quality human rights-based response programming, policy and advocacy around gender-based discrimination and violence in the context of HIV at a national, regional and global level
- Identify community needs relating to human rights-based response programming around HIV and gender- based discrimination and violence – ranging from legal literacy to stakeholder engagements, including law reform and access to justice

Gender-based human rights violations have to be responded to at an individual level (the person) and societal level (e.g. community, state and non-state actors). These responses are to be defined firstly by the expressed needs of the person whose rights have been violated (including emergency access to healthcare, safety, shelter, etc.), and secondly by addressing the underlying factors for these violations

(e.g., discriminatory laws and practices, gender inequality, harmful and inequitable gender norms, gender power relations).

Programmes should be based on the local context and respond to the surrounding social, political, economic and cultural environment. They need to recognise and respond to underlying inequalities, prejudices and power relationships that increase vulnerability and risk of exposure to gender-based discrimination and violence, HIV and HIV-related ill health.

Based on the recognition that human rights have to be at the core of responses to issues around access to HIV and health services, gender-based discrimination and violence, there are a number of programmes and interventions widely acknowledged to address the various causes and forms of rights violations. Implementing these interventions can advance and protect human rights and access to justice in national responses to HIV, gender, discrimination, violence and diversity.

The eight programmes in *Table 4* are based on UNAIDS human rights programme areas¹⁷ and have been adapted to incorporate best practice in reducing stigma, discrimination and other rights violations based on sexual orientation, gender identity and gender expression, sex work, and/or HIV status.

17. UNAIDS 2012. *Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses*. Geneva: UNAIDS. Available at: https://www.unaids.org/en/resources/documents/2012/Key_Human_Rights_Programmes

Table 4: Eight key programmes to support gender equality and mitigation of gender-based discrimination and violence

	PROGRAMME	HOW CAN YOU USE THEM?
1	Stigma and discrimination reduction programmes	Highlight and address the causes, forms and implications of prevailing gender-based stigma , discrimination, violence and other rights violations at the structural, institutional, community and/or individual levels (both society/wider community and focused key population communities). This may range from public campaigns and group education to community mobilisation efforts .
2	Monitoring and reforming laws, regulations and policies that promote gender discrimination	Review laws that fail to protect women and marginalised populations from inequality, discrimination and violence. Advocate for policy or law reform by providing evidence of the harms of current laws, or failures to implement protections.
3	Legal literacy ('know your rights')	Sensitise communities on relevant human rights and freedoms , and the existing laws and policies that protect individuals from gender-based discrimination and violence, including redress mechanisms (e.g. how to enforce them) and ensure individuals' access to services.
4	Sensitisation of law makers, implementers, and law enforcement agents around gendered impact and application of laws and practices	Highlight the way laws and practices impact women, men and gender diverse people differently, taking into account their lived realities, risks and needs in the context of HIV, gender, violence and diversity, and in turn enhance protection of rights and access to justice
5	Training of service providers on gender and rights, identifying and preventing gender-based discrimination and violence and providing referrals to other services	Enhance levels of knowledge, understanding and skills among service providers (e.g., police, social workers, healthcare providers) to identify and prevent gender-based discrimination and violence and refer to services accordingly.
6	Community-led (driven and owned) human rights-based responses to HIV, gender inequality, gender-based discrimination and violence and diversity	Provide 'emergency responses' (e.g., medical attention, shelter); ensure effective gender and human rights advocacy (e.g., based on community needs); develop and strengthen evidence to inform human rights-based responses to gender and human rights barriers to accessing health, HIV, gender-based violence response and other services.

	PROGRAMME	HOW CAN YOU USE THEM?
7	Development of a referral resource to respond to incidents of sexual and gender-based violence	Compile a referral resource and share with organizations implementing REAct and other partners, to enhance access to sexual and gender-based violence services responsive to peoples' realities, risks and needs, free of stigma, discrimination and other rights abuses. It is important to ensure there is at least one service provider for health, psychosocial, safety and protection and, as appropriate and feasible, legal and other support, in a given geographical area
8	Empowerment of marginalised people	Provide economic and social empowerment programmes , including microfinance, gender norms transformation and empowerment training interventions, collective action; create safe spaces and mentor to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.

REAct will help implementing organisations to identify the most appropriate programmes to address the types of gender-based discrimination and violence that are reported to them. REAct implementing organisations may not be able to provide all the services and responses required. Therefore, it is important that the coordinating organisation and implementing organisations map relevant services and programmes and build a solid relationship and referral network, so that organisations are prepared to provide services identified through REAct promptly and effectively.

It is recommended that implementing organisations create a referral card, including contact information and a list of responses and services (see the interview checklist and referral card for a template).

3.2 CONDUCTING GENDER-SENSITIVE INTERVIEWS

3.2.1 Key principles of gender- and violence-related interviewing

BOX 18: KEY POINTS TO REMEMBER

- Safety and well-being should be a priority: It is important to make sure that the client feels safe speaking to you.
 - Do not interview survivors in the presence of others. Speak to the clients alone first and ask them if they want someone to accompany them during the interview.
 - Do not talk about cases in public places.
- Gender dynamics: ask the client if they would feel more comfortable speaking to an interviewer of the same or different sex or gender identity
- Multiple interviews about an incident of gender-based violence can re-traumatise a survivor. Protect survivors from having to repeat their story to multiple people from within your organisation or different organisations and service providers.
- **An interview is not required to support survivors to access services.**

Connection, trust and a supportive environment are key to supporting and responding to gender and human rights barriers in accessing health, HIV, violence response and other services at a community level.

There are eight key human rights principles that should be kept in mind when conducting gender-based discrimination and violence interviews:

1. **Do no harm:** The safety (e.g. secondary trauma, victimisation) of the person sharing experiences/information has to be at the core of documenting experiences and collecting evidence. While the collection of 'evidence' is a crucial step in documenting, monitoring and responding to gender and human rights barriers in accessing health, HIV, violence response and other services experienced by people based on sexual orientation, gender identity and expression, sex work, drug use and/or HIV status, it should never be done at the expense of the safety and well-being of the person.
2. **Consent and confidentiality:** It is essential to obtain consent of the person sharing the information. This means that the person agrees for the information can be shared in such a manner that protects the individual's identity and circumstances of the case. At the same time, it is important to ensure the confidentiality/privacy of the person who has shared personal information collected during the interview throughout the process (i.e. from collecting to entering information, and potentially using it for advocacy and research purposes).
3. **Transparency:** It is crucial that the people collecting the information are open and honest about the reasons why it is collected and to manage expectations about the assistance that can be provided as a result of sharing this

information. The person sharing the information needs to fully understand the potential benefits/outcomes and limitations of doing so.

4. **Security:** in addition to ensuring the safety of the person sharing information, the safety of the person collecting the information (and others involved in implementing Gender REAct) has to be equally ensured. Steps can be taken to ensure security e.g. checking in with team members; collecting evidence and travelling in pairs; postponing an interview, if the safety and security of anyone is at risk.
5. **Accuracy:** The tool for collecting evidence (the questionnaire) is designed to obtain accurate and comprehensive information. It is, therefore, important to enter the data as soon as possible after the interview. This also reduces the risk of notes and/or voice recordings being seen/heard by others and/or lost – which could place the person sharing the information at further risk of human rights abuses.
6. **Impartiality:** It is important to ask open-ended questions, not leading questions. Open-ended questions (e.g., Can you tell me what happened?) facilitate documentation of peoples' experiences in their totality. Leading questions (e.g., Were you abused because you are a lesbian woman?) gather partial information to support beliefs, strengthen objectives and/or an advocacy agenda (e.g., inclusion of lesbian women and other women who have sex with women in national responses to HIV, violence and diversity). The full description field is where details regarding the case reported in the interview is

added (who, where, when, how, why?). Updates can be included if more information about case details are revealed or made available over time.

7. **Gender sensitivity:** Rights barriers for, and violations against, women in all their diversity and gender diverse individuals often remain undocumented, due to the societal context in which they occur. Societies are generally patriarchal (i.e. male-dominant) and heteronormative (i.e. whereby heterosexuality and gender binary of women and men is the norm) – limiting the extent to which women in all their diversity and gender diverse people are in the position to claim agency, realise rights, and access (and benefit from) services. In documenting gender and human rights barriers in accessing health, HIV, violence response and other services, it is essential to ensure that the gender aspect of any rights violation is accurately recorded.
8. **Self-care:** Working day in and day out with individuals and communities affected by gender-based violence and discrimination can create stress, trauma and 'burn out' for you and your colleagues. It is important to remember to take care of yourself to prevent compassion fatigue.

Compassion fatigue (also known as vicarious trauma and secondary trauma) is the emotional residue of exposure that may be experienced from listening to people's trauma stories and becoming witnesses to the pain, fear, and terror that trauma survivors have endured. Some symptoms include: lowered concentration, numbness or feelings of helplessness, irritability, lack of self-satisfaction, withdrawal, aches and pains, or work absenteeism. For tools to prevent burnout and compassion fatigue see the **Self-care and prevention of burn out among activists – tools for everyday life**

3.2.2 Checklists for conducting interviews

See R2.3 in the REAct User Guide and follow the advice for **Preparing for the interview, During the Interview** and **After the interview**

- Pay special attention and take all necessary steps to provide and/or refer the person to the services needed (as agreed during the interview) and to ensure the immediate and on-going safety of the person.
- Make sure that the person has access to the services/programmes needed without unnecessary delays. At times, accompanying the person to the service can assist in increasing

comfort and confidence, ensuring adequate treatment by service providers, and decreasing the time it might take to receive services (e.g., if the organisation has existing relationships with the clinic and/or police station, this potentially increases the effectiveness of the service).

Your organisation, with support from Frontline AIDS, will prepare the Gender REAct template that you will use to collect information. It will be customised to the types of incidents you wish to document, and/or that are most prevalence among your community and in your context, the kinds of perpetrators, and the responses that are most appropriate and relevant to your clients. However, some of the information in the template is standardised for all clients. This will enable the data to be analysed across client groups. After the workshop, the template will be finalised with assistance from the REAct team at Frontline AIDS, and formatted for inclusion in Wanda (**see Unit R3 in the REAct Guide**). Although most case information will come directly from clients, it is also possible for implementing organisation staff, peer outreach workers and witnesses to report on gender-based discrimination and violence incidences they know about.

3.3 MANAGING INFORMATION

Refer to the REAct Guide, **UNIT P, 2.6: Data protection and data sharing; and Unit T, 6: Managing Information for more information on managing sensitive data.**

GLOSSARY OF KEY DEFINITIONS, TERMS AND ACRONYMS

LANGUAGE MATTERS: OVERVIEW OF GENDER TERMS AND CONCEPTS^{18,19}

Gender norms	Socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to people based on their gender.
Gender discrimination	Any distinction, exclusion or restriction made on the basis of a person's (real or perceived) gender identity or sex, rather than on a person's skill or merit.
Gender-based violence	Describes violence that establishes, maintains, or attempts to reassert unequal power relations based on gender. (WHO 2013 16 ideas)
Gender equality	The state of being equal in status, rights and opportunities, and of being valued equally, regardless of sex, gender identity and/or expression.
Gender identity	A person's gender identity may or may not align with their sex assigned at birth. Gender identity is how individuals experience their own gender.
Gender diverse	A broad term that includes people across the spectrum of gender identities and gender expressions.
Gender roles	Refers to behaviours and attitudes that society perceives as acceptable, appropriate, or desirable for a person based on that person's sex or perceived gender.
Heteronormative	Refers to behaviour or attitudes which are in line with binary concepts of sex and gender, and 'traditional' gender roles and expectations, including the assumption of heterosexuality as the norm
LGBT+	An acronym for lesbian, gay, bisexual, transgender, Queer. LGBT+ can refer to an individual person or a community of people.
People 'in all their diversity'	"in all their diversity" refers to people of all genders, racial, ethnic, socioeconomic, and cultural backgrounds and various lifestyles, experience, and interests, recognising the multiple, overlapping and often intersecting factors or identities one person holds which sometimes give rise to 'compound' stigma, discrimination or violence
Sex	The word sex is a label that refers to the bodily characteristics, specifically reproductive organs, hormones and genetic differences (chromosomes), that a person is born with.
Sexual and reproductive health and rights (SRHR)	The right for everyone, regardless of your age, ethnicity, sexual orientation, HIV status or other aspects of identity, to make informed choices about your sexuality and reproduction.
Sexual orientation	Refers to each person's capacity for profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender or more than one gender.
Transgender	A term for people whose gender identity is different from the sex they were assigned at birth.

18. Bill & Melinda Gates Foundation 2018. Gender Equality Lexicon. Washington: BMGF. Available at: <https://www.gatesgenderequalitytoolbox.org/definitions-concepts/gender-equality-lexicon/>

19. Frontline AIDS 2018. Gender-transformative HIV programming. Brighton: Frontline AIDS. Available at: https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-gender-transformative_original.pdf?1519649267

OVERVIEW OF COMMON TYPES OF VIOLENCE^{20,21}

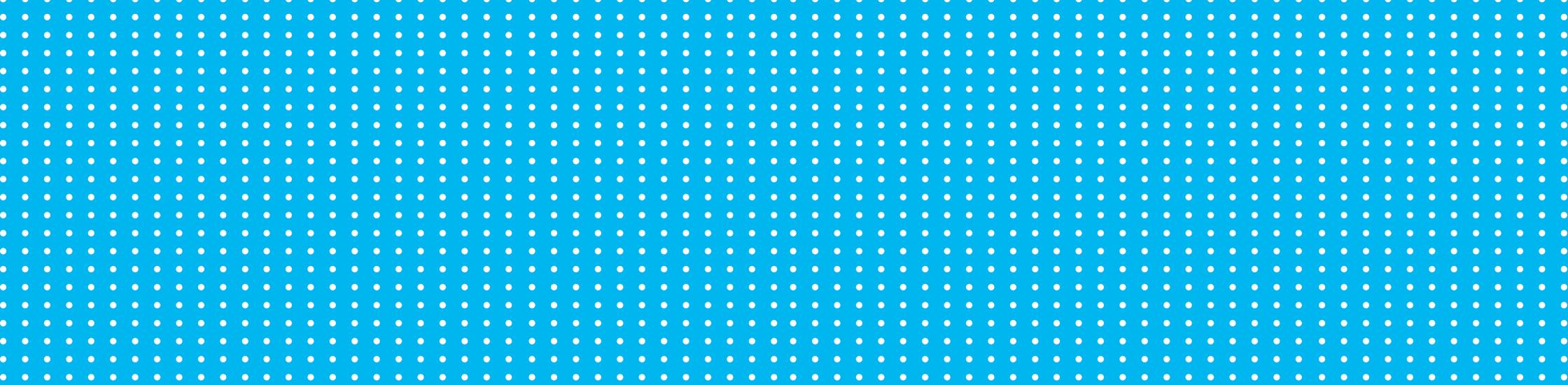
TYPE OF VIOLENCE	DEFINITION/DESCRIPTION
Denial of resources, opportunities or services	Denial of rightful access to economic resources/assets or livelihoods opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, a woman prevented from using contraceptives, a girl prevented from attending school, etc.
Domestic violence	Domestic violence is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Also see Intimate Partner Violence (IPV)
Economic abuse	An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence. i.e. earnings forcibly taken by an intimate partner, family member, pimp/Madame
Emotional abuse (also referred to as psychological abuse)	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. 'Sexual harassment' is included in this category of gender-based violence.
Female genital mutilation/cutting	Refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.
Forced and child marriage (also referred to as early marriage)	Forced marriage is the marriage of an individual against their will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent to marry. Therefore, child marriage is a form of forced marriage, as children are not considered legally competent to agree to such unions.
Gender-based violence	Any harmful act that is perpetrated against a person's will and that is based on and upholds gender norms and unequal power relationships. This includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.
Harmful traditional practices	Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. Examples include FGM, child marriage; female infanticide; early pregnancy, dowry price, honour crimes, etc.
Honour killing	Killing a woman or girl as punishment for acts considered inappropriate for her gender that are believed to bring shame to the family or community, including killing a women/girl who has been raped
Intimate partner violence	Violence occurring between intimate partners or ex-partners that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services and economic abuse/violence. Also see Domestic Violence.

20. Adapted from the IASC Handbook for coordinating gender-based violence interventions in emergencies 2019. <https://www.humanitarianresponse.info/en/operations/ukraine/document/handbook-coordinating-gender-based-violence-interventions-emergencies>

21. https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

OVERVIEW OF COMMON TYPES OF VIOLENCE^{20,21}

TYPE OF VIOLENCE	DEFINITION/DESCRIPTION	
Physical assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.	
Sexual violence	Any sexual act, attempt at a sexual act, unwanted sexual comments or advances, or acts with the intention of. Any acts to sexually coerce, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work. See examples below:	
	Rape	Physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.
	Sexual abuse	The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
	Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
	Sexual exploitation	Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
	Sexual harassment	Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.



JOIN US. END IT.

www.frontlineaids.org