XVII International AIDS Conference
Women's Rights Equal Women's Lives: Violence Against Women and HIV
August 5, 2008

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ZONIBEL WOODS: Everyone. [Speaking a foreign language]. Welcome everyone. The session will be available in English, but there is interpretation available. My name is Zoni Woods and I am here on behalf of the leadership committee of the conference and I am also working with the HIV initiative at the Ford Foundation and it gives me great pleasure to welcome all of you to this session.

This session is entitled Women's Rights Equal Women's Lives and we are very fortunate to have some incredible panelists today that have been at the forefront of ensuring that violence against women is addressed at the global level, at the regional level, at the national level and in the communities.

I should also clarify that I am not Charlotte Bunch. For those of you who know Charlotte and her incredible work over the last two decades in ensuring that women's human rights are at the center of the human rights agenda. She, unfortunately, could not be here with us today, but I know that she is here with us in spirit.

I also have apologies from Tabilee Noble [misspelled?] from ICW, who unfortunately could not be here as well as Iliana Elias. But, as you will see, we have gathered an incredible and very diverse group of women and a strong ally from the men's community. So, we are very fortunate to have them here with us today.

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The format for this session is very simple. We wanted to have a conversation with all of you about this issue. So, we will not spend a great deal of time in long presentations. We will make very short presentations. We will have a conversation among the panelists and then we want to hear from you, both your comments, your questions, your suggestions. And we will have cards available as well if you do not want to use the microphone, you can also submit questions to us.

The order for the day is we will hear first from Charlotte Watts from the U.K. She will be followed by Ebony Johnson from the U.S, Anna-Louise Crago from Canada, Claudia Garcia Moreno from Mexico and working and living in Switzerland for WHO, Bafana Khumalo from South Africa and Patience Mandishona [misspelled?] from Zimbabwe.

We will start off with Charlotte Watts, who is a professor at the London School of Hygiene. She heads the Center of Research on Gender Violence and Health and her research has focused on working with WHO on a multi-country study on violence and intervention research on HIV, violence prevention mostly in South Africa, Uganda and Cote d'lvoire. So, please welcome Charlotte Watts [applause].

CHARLOTTE WATTS: Good morning, can everybody hear? It is a great pleasure to have this opportunity to talk about violence and HIV. I have been asked to try and summarize what are the connections. If you are in the HIV field and this is a

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new area, what are the sort of ways that violence may increase women's vulnerability to HIV infection?

Now, when the organizers asked me to do that, I must admit that I shuddered because I will show you up on that slide. On the left is all the different forms of violence that women experience. And often in the HIV debate, people focus on sexual violence, on rape, but in practice, there is a whole host of forms of violence that women experience that put them at risk of violence.

From an early age through to when they are very old. There is child sexual abuse, we have partner and non-partner sexual violence. But we also have other forms of violence behind intimate partners, physical violence, psychological abuse, economic abuse, all of which impose incredible barriers on women being able to protect themselves from HIV. You will also see very high levels of violence against sex workers and injecting drug users and other vulnerable groups. And we have extremes in violence such as trafficking of women into sex work, which is a growing global phenomena and an important issue for HIV.

Likewise, just as there are many forms of violence against women, there are also many ways in which violence puts women at risk. There is the most obvious direct issues to do with transmission resulting from a forced sexual occurrence. And within that, there is the potential that because of force you might have genital lesions, which have the potential to

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potentially facilitate HIV transmission. And particularly, if you think about child rape, it is likely that can be an important factor in terms of making very high levels of vulnerability.

But, you also have the broader issues around women who are in violent relationships, many having very little control over when they have sex let alone whether a condom is used. The problem is that if your are fearing violence about negotiating condom use or if your partner is an injecting drug user, potentially negotiating safe injecting practices if you also inject.

We are also evidence about the impact of early childhood sexual abuse and how disruptive that is not only in the short term, but also in the long term. We see both men and women who have been sexually abused as a child, going on to have a whole host of high-risk behaviors including high levels of alcohol use, injecting use, sex work, multiple sexual partners. So that the issue of violence, when it is seeded early on, it can influence a whole life course in terms of risk that is associated with HIV.

And clearly also we have the issues around violence in response to HIV and issues to do with women experiencing violence if they disclose their status and the way that violence may put up a barrier for women being able to access treatment and care services.

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So, that is the kind of complexity of the issue. What I wanted to do now, is show you some of the data that we have about the links. If you want to look at biological data on the evidence, it is relatively limited. There have not been many studies that have looked at this. But, the studies that have, find very compelling results.

In South Africa, a study of urban antenatal women found that women with violent partners were 50-percent more likely to be infected than other women. In Tanzania, the odds of reporting violence are ten times higher for young HIV positive women if you compare them with HIV negative.

A very new study that has come out from Goa in India has found that amongst married women, the risk of incident HIV is three times higher for married women whose partner has been sexually violent towards them than compared with other women. And in Rakai in Uganda, epidemiological work there is showing how girls who have reported coerced or forced early sex have a higher risk, in the long term, of HIV infection.

There is not much data around the levels of violence associated with disclosure, but a review by WHO found ranges of between .4 and four-percent in the U.S. and between 3.5 and 14-percent in Sub-Saharan Africa. So, although we only have a relatively limited body of evidence that is talking very directly about that link, what we do have increasingly is data from very large population surveys about the extent of different forms of violence against women.

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And so, what I am showing you now results from a ten country WHO, multi-country study on women's health and domestic violence. And what this slide shows is the percentage of sexually active women who are interviewed in each setting who report that their first sexual experience is forced.

So, we have ordered the countries from the highest prevalence to the lowest and you can see that in many settings, it is not just one region, in several regions, we have got very high levels of forced first sex. In five of the sites that we studied, more than 15-percent of women said that their first sexual experience is forced.

And clearly, that is an important issue for HIV. We might need the epidemiological evidence to say well, how does that relate to transmission? If sex is forced, if first sex if forced, we need to be taking that on board as part of our prevention strategy.

An interesting addition to this slide is that when we look at the age of that first sex, the earlier that that first sex occurred, the more likely that that first sexual experience was forced. So, you not only have sexual coercion, but it also means that girls are having sex earlier than they would otherwise.

This slide shows from the same study, the prevalence of sexual violence against women. And here what we have done is plot in the dark blue bars the portion of women reported being sexually assaulted by someone other than their partner. And

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then the dark red bars show the proportion of women reporting being sexually assaulted by their partner and then the yellow bars show the combination of the two.

Again, shocking levels of violence across these very diverse settings. Another common finding that you see here is, although it is very tempting when you think about sexual violence to think about non-partner violence, but the reality is really that majority of sexual violence of reproductive age is by their intimate partners. And that is an important challenge that we need to take on board as part of our response to the HIV epidemic.

Another thing that is emerging from further analysis of that WHO data and from other studies is the way that we have a clustering of risk behaviors. So, there is growing evidence that men who are abusive to their partners also have a number of other risk behaviors that we know are associated with HIV.

There are studies showing that they are more likely to have more sexual partners, more likely to have an STI, to potentially problematic use of alcohol and to refuse to use a condom. And I think it is these combinations of factors. It is not only that a man is forcing his partner to have sex or she is scared to refuse sex, it is also that that guy is somebody who is at quite high risk of HIV that is resulting in those odds ratios that I showed you in first slide.

I do not want to finish this talk in showing the evidence without talking a little bit about the extent of

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violence against sex workers because it is such a common phenomena. This slide shows results from Cambodia on a study that interviewed free-lance sex workers about their experiences of violence. I apologize for the slightly fuzzy figures, but you have got 43-percent reporting being beaten by a client, 45-percent saying money has been taken from them. Fifty-seven-percent saying they have been raped by a client and 54-percent saying they have been gang raped.

What amazes me, we recently tried to do a review of what are the levels of violence against sex workers and if you think of all the behavioral surveys that have been conducted among sex workers, we could only find a handful of studies that actually ask sex workers about how much violence was occurring. And to me, that is a really depressing state of affairs. If we do not even think enough in our surveys about sex workers and their risk of HIV to ask about violence, how can we then think about what to do in response to that and particularly when you do ask if you get these sorts of figures.

So, in conclusion, I think everybody here would agree that violence against women fundamentally undermines our current HIV response. It is something that we have to take seriously as part of our invigored [misspelled?] efforts to address HIV. We have the kind of ABC of HIV prevention. Violence undermines each of these. Coerced sex, how can you abstain if you are coerced to have sex? How can you change behavior if you are not in control of your sexual behavior?

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How can you negotiate condom use in a violent relationship? How can we deal with the fear of the repercussions of testing as part of our response?

I will end there, thank you [applause].

ZONIBEL WOODS: Thank you, Charlotte, for such an important overview of the issue. We would now like to hear from Ebony Johnson, who is with ICW North America. She works with Family Connections, which is a program focused on women living with HIV and she is currently working on community dialogues with women living with HIV and domestic violence providers to increase linkages, expand support and ensure safety. Ebony.

EBONY JOHNSON: Good morning. Gender inequity continues to be at the helm of HIV and domestic violence. The messages that we give to young women are often messages of being chaste, being abstinent. And the messages that go out to young men are often of being wild and being very sexual beings. I think a big part of what lies at the helm of this is the need for comprehensive sexual and reproductive health education that does not start at the onset of sex, but that starts early on in schools, that people are getting healthy messages about being sexual beings and also that are embedded in respect, that are embedded in quality of life.

We need to instill in our young women that they are able to make healthy choices, that they have options. Often times, women get in positions where they become financially

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dependent upon their partners, where they are not able to make choices around disclosure once they become positive. There are threats of leaving them, there are threats of isolation. So, we have to make sure we have a support network built, not only within the HIV provider community, but also within domestic violence support.

Often times, domestic violence workers have a unique relationship with women that put them in a position to be able to advocate. So we need to make sure we are reaching out to those domestic violence workers, that they are being trained properly and that they understand the correlation between HIV and domestic violence.

In the last set of slides, you saw that women who are often in relationships where domestic violence is prevalent, they are not making decisions. Often, when women are in situations where they are living in domestic violence, they do not have control of when their partners come in, when they have sex. Sex is often forcible and so, we need to make sure that women are being empowered and that happens through a very combined network. Thank you [applause].

ZONIBEL WOODS: We heard from Charlotte about the level and extent of violence against sex workers. The next speaker is someone that I have had the fortune to have met at the Beijing Women's Conference many years ago and who has continued to be an incredibly strong advocate for women's rights and sex

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workers' rights. Her name is Anna-Louise Crago and she has been a sex worker advocate for over a decade.

She is based in Montreal and she was formally with an organization called Stella. She currently works sex workers rights advocacy networks mostly based in Central and Eastern Europe and Central Asia and she has been doing extensive research on sex workers rights in Zambia, South Africa, Botswana and Namibia. Anna-Louise [applause].

ANNA-LOUISE CRAGO: Thank you and thank you so much for including sex workers' issues and rights on this panel. As has been mentioned, communities of sex workers all over the world face extremely high levels of sexual and physical violence. However, I think it is incredibly important to stress that violence is not inherent to sex work. That that belief has allowed complacency and sometimes complicity with laws and policies that criminalize our lives and our work, that foster and fuel violence against sex workers. A number of studies in India, Bangladesh, Cambodia, now in 12 countries in Eastern Europe and Central Asia as well as in South Africa have shown that sex workers face extremely high levels of physical and sexual violence from the state, from law enforcement officers, from prison guards, from military and para-military.

Laws and policies that criminalize sex work, that encourage police raids and repression, be it in the name of "rescuing sex workers," be it in the name of "rehabilitation," be it in the name of fighting morality, fighting illegal

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immigration or fighting HIV, those raids not only are experienced by many sex as a form of violence, but directly contribute to violence.

Recently, sex worker communities have come even more under attack as conservative governments, such as the U.S. government have pushed very hard on UNAIDS to change what were previously very solid positions endorsing sex workers' rights, decriminalization and sex workers' rights to have healthy and safe working conditions.

The recent UNAIDS guidance note draft that came out was a really interesting example of that. It both confounded sex work and trafficking and it encouraged putting more power into the hands of law enforcement.

I would like you to put yourselves in the shoes, often running shoes, because you will be running away from the police. Or possibly high heels of one of the sex workers, for example in Macedonia, where 14 out of 17 in the past year reported routine sexual violence from police.

And now imagine that the UNAIDS policy is encouraging giving more power to those very same police officers to detain you. The impunity that such state violence allows encourages and allows more violence. The fact that sex workers do not have equal access to protection of the law, do not feel that they can report physical or sexual violence against them not only by police or military, but by other people, be they

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partners, clients, people on the street, hooligans, encourages and fosters more violence against sex workers.

The criminalization of clients as has recently be proposed by a number of conservative governments, including the U.S., has been shown also to push sex workers underground and in more isolated and unsafe areas. Many experience of a crack down on clients in Montreal in 2001, showed that the rates of violence reported by sex workers jumped three times and the rates of violence with a deadly weapon jumped five times.

Sadly, the criminalization of clients is being pushed under, supposedly the rhetoric of protecting women's rights. How cruelly ironic. As we know, violence puts women, but not only women, trans-women and male sex workers at direct risk of HIV. I would like to add that there is very, very little research on sexual and physical violence against trans-sex workers, trans-women. Some small pieces of data are coming out, but show that often we face, in certain countries and context, just as high levels of sexual and physical violence as women who are not trans. There is also dearth of studies on violence against male sex workers.

Violence poses a direct risk of HIV transmission as we have seen and as will be presented later in this conference in a report by ALSIS [misspelled?] a group that supports and is made up of sex workers in the Congo. Not only that, as I mentioned earlier, state violence fuels general violence.

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General violence makes it much more difficult to enforce condom use not only with clients, but also with partners.

Police raids such as the ones we are seeing in Cambodia right now that confound sex work and trafficking where police run into brothels in the name of saving sex workers, round them up and force them into rehabilitation centers, where they have eloquently spoken at this conference about being raped and beaten.

Also often cut off, HIV positive workers' access to treatment. Being detained regularly for periods of three days going up to three months or in some places, six months, often means ARV treatment interruption for sex workers. And yet we have seen and heard at this conference that treatment is one of the best forms of HIV prevention. And we know that to fight HIV, sex workers are not part of the problem we are part of the solution and that if you give us human rights and safe working conditions, not only will we protect ourselves, we will protect our clients. And as was shown by the Sonagachi Project in Calcutta, we can also impact HIV epidemics in our regions as a whole.

So, raids interrupt access to treatment, therefore, cut off our ability to protect ourselves and our lovers and clients form HIV. Not only that, police raids often result in condom seizure either to be used as proof or "evidence of prostitution" or just strictly out of police harassment or hate or bigotry towards us. So, condom seizure is used as proof of

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prostitution we have heard in the states and Serbia and Macedonia.

In Namibia, I met a young trans sex worker who hid the condoms for ten other sex workers in her boots because when the police came, they would shake them down for all their condoms. And of course, you have to keep on working. You still have to make your money, you still have to keep on getting by.

Violent raids also push sex workers to work in isolated and unsafe areas where we are hidden, where we are unable to protect each other and use the techniques and solidarity work that we have been doing, although it has never been recognized, informally for years and years to try and protect each other from violence and protect our health.

When you are isolated in a hidden area, it also means you are cut off from HIV support services, it means you are cut off from services that could help and support you with violence. Raids often are brothel evictions, which means that you lose your home and your children lose their home, too. In Bangladesh in the 1990s there were the Tambazar [misspelled?] that were done, interestingly enough, to some audiences, they were portrayed as "rehabilitation raids" to save and rescue sex workers. To other audiences, they were portrayed as raids to fight vice and morality. Is that not the way?

Those evictions ended up in many sex workers become homeless. And as a result, becoming street sex workers who did not have homes and were thus, much more exposed to HIV and to

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violence and that was found in research by Carol Jenkins in the 90's.

Violence also means that if the policeman—this is coming from the report that has just come out from DRC Congo. The sex workers working conditions deteriorated dramatically after incidences of being raped, kidnapped and beaten by police because the physiological torture of having to stand on the street corner and watch your aggressor walk by and threaten. And know that he has the legal right, even if detentions are done illegally, to arrest you and thus have power over you is any incredible physiological weight to bear. And so, many sex workers either left the city center and went to more remote areas or they left the sort of downtown core. As a result, many of them, subsequently, had much difficulty accessing the health services they needed either for HIV treatment or for treatment related to the attacks they had just lived.

In the study that the DRC will be presented—sorry, ALSIS' Human Rights Report on the conditions in the DRC, of 63 cases of sexual violence against sex workers that they documented in three months, 29 were by police or military. Six of the women who reported attacks died subsequently from a lack of medical treatment following the attacks because they had left and gone back to remote areas where they would not be constantly in the presence of their aggressor.

I just want to wrap up by saying we know what works for fighting HIV and violence against sex workers. It is not a

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mystery. It is changing laws that criminalize sex work. It is giving sex workers the support to self-organize and fight for better working conditions and organize to be able to support each other to enforce condom use. It is supporting policies that support our ability to enforce condom use. It is adequate access not just to male and female condoms, but also to water-based lubes that not only make the job much more pleasant and fun, but also prevent breakage when people use Vaseline or oils because they have no lube.

Unfortunately, money right now is not being poured into the types of projects that have been shown to radically decrease HIV prevalence among sex workers or radically decrease rates of violence. Money, because of a handful of powerful and hypocritical conservative few, is being poured into so-called "rehabilitation projects" that have so far, not been proven to work and certain have zero evidence base for fighting HIV.

So while our communities are being terribly affected by HIV and violence, money is not being given to actually being able to fight HIV and the violence. Money is being given into fighting prostitution. And although it seems so basic and so sad to have to repeat in 2008, sex work is work and people have the right to a livelihood.

Fighting sex work has so far meant fighting sex workers and our communities continue to bear the scars and monumental losses as a result. As sex worker advocate Cheryl Overs

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[misspelled?] recently wrote, "The attacks on sex worker communities only prove that silence still equals death."

It is going to take the courage of a number of us to stand up for sex workers rights in the face of that conservative tide. Thank you [applause].

ZONIBEL WOODS: Thank you very much, Anna-Louise. I now have the pleasure of welcoming Claudia Garcia Moreno, who is a physician from Mexico working on public health at the World Health Organization and who has extensive experience working on reproductive health and research. She is the head of the research on violence against women and she has been on gender HIV and sexuality.

And one thing that you should know about Claudia is that she was really the driving force of work on this multi-country study on violence against women that has helped so many of us understand better the impact of violence on women's lives and has helped us document and provide evidence on which we can base our advocacy. She will be speaking about effective responses to combating violence against women.

CLAUDIA GARCIA MORENO. Thank you. Charlotte has already mentioned the linkages, the many different ways in which violence and HIV intersect and interact. In addition, and one of the reasons we are here today is that many of the risk factors for intimate partner violence and sexual violence overlap, are the same as the risk factors for HIV. Issues around gender and equality, lack of institutional support and

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community sanctions, social norms that promote gender roles that discriminate against women, that perpetuate and condone different forms of violence, that link notions of masculinity to violence, all impact on both epidemics.

Poverty, economic stress, unemployment, lack of property rights, lack of inheritance rights, both impact, again, on both epidemics.

Relationship characteristics, the types of relationships based on inequality, power and balance and conflict, alcohol and substance misuse, those epidemics affect young people. In the case of women, the risk of being a victim. In the case of men, also the risk of being victims as well as a perpetrator. And again, Charlotte already mentioned how early violence, child sexual abuse leaves scars and is a risk factor both in terms of perpetration of victimization as well as in terms of high risk behaviors.

It is important when we think of prevention to think of these risk factors and protective factors as well at all these different levels. The level of the individual, but also looking at those structural and societal issues, community, access to services in the community, access to support, so that we really develop prevention packages, as somebody was in the plenary talking about, combined prevention that really addressed issues at all these different levels.

We have a very limited evidence base for what works in terms of preventing intimate partner violence and sexual

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violence. We have few evaluations. We have evaluations designs that often are weak. Many of the interventions have stayed at the level of small-scale interventions. I think very few scale up interventions, except, possibly, the community awareness-raising campaigns, where we have seen larger programs. But, where the evaluation designs, again, stay at the level of changes in knowledge and not necessarily looking at the outcome in terms of behavior change.

Having said this, I think it is very noticeable and commendable for some of us who have attended other sessions on violence to see that there is a growing body of evidence. And we have some very strong well-documented interventions that are really bringing new perspectives into what we can do. Also, the evidence base as it exists, is largely, until very recently, focused on developed countries. And while there is a lot of good things to learn, we also need to be cautious about simply transposing what we do in one setting to other settings.

Prevention approaches for intimate partner violence and sexual violence and to HIV and violence include those focused on promoting gender and equalities, changing social norms, particularly of violence and masculinity, issues around strengthening laws, policies and institutional responses, issues around promoting health and equal relationships, structural interventions.

And moving to more of the specifics, although there is not a very good way of classifying, these are some of the

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problematic responses where we have some promising interventions that have the potential to be replicated and scaled up. It is important also to emphasize the life course approach is important. There are a lot of early childhood interventions.

For example, around parenting programs, around home visiting, which have been proven to be effective in developed-country settings and higher income settings, but which pose difficulties in terms of how one could implement them research poor settings. But, where again, there is the potential to explore how to deliver these. School-based interventions particularly around safe dating, but if one thinks again of starting early in childhood around promoting responsible relationships, around promoting self-esteem, around promoting non-violent ways of conflict resolution.

Public information awareness campaigns, community-based mobilization, and structural and policy approaches to improving criminal justice response, to strengthening women's rights, to changing, again, social norms in different ways. And lastly—and I put it there because it uses, in a way, some of the different forms mentioned above but is a very specific, I think, growing area where we have, again, growing evidence that there are things that work—is the focus on working with men and boys to increase their responsibility and ownership of the issue and to challenge notions of masculinity that are linked to violence.

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Very briefly, just some examples of prevention intervention that have at least some evidence of effectiveness, some of which we have heard about in other sessions. Stepping Stones in South Africa, which is focused on working with women and men on raising issues around gender awareness, equitable relationships, communication, et cetera. Work with men and boys, which we will hear about some more shortly, where, again, there is some evidence that interventions can lead to change in terms of notions and even behavior around violence, condom use. The Image Study, which we have heard about and which really is a very ground-breaking study looking at the link of micro-finance with a gender. And the HIV curriculum and Sister Act, which we heard about also yesterday, which looked at improving inter-generational communication around sexuality, risk behavior and HIV and violence protection.

All of these have, to some degree, been shown to have some impact on violence, intimate partner violence and sexual violence and all of them, in some ways, have the potential also to impact on HIV. And we need to really look at how we can build on this evidence that we have, limited as it is; look at how we can scale up some of these interventions. And in the case of Image, we are seeing what I think will be a very fascinating scale up in a big way, which will be really interesting to track because it will be the first of its kind.

And we need to also think of how can we link better our interventions for prevention of intimate partner and sexual

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violence in HIV programs. In spite of the fact that we have a growing number of sessions, and it is very exciting to see that in this conference and that we are talking more about the linkages and the need to address them together, there is still really a large degree of separation. And we need to start, at least, with where we can bring the issue of violence into existing programs.

There is a lot of scope certainly linking it to education and awareness-raising campaigns. We need to bring it to, for example, the training for testing and counselors to be able to address issues around gender-based violence and disclosure.

We need to link it when we are talking about fostering social norms for gender equality and we need to support these dialogues that Ebony has been working on in the United States and that also we see more and more of in other countries, where we bring the communities working on violence, on HIV, on sexual and reproductive health. We have this tendency to fragment things, but unfortunately in our lives, or fortunately, everything links together and the more that we can develop those links, I think, the stronger we will be able to respond to both epidemics. Thank you [applause].

ZONIBEL WOODS: Thank you, Claudia and you spoke of a key aspect of this work, which is working with men and boys and we are fortunate to have with us, this morning, someone who has been working with men and boys and their engagement and support

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for gender equality for a very long time. Bafana Khumalo, from South Africa is the Co-founder and Director of Sonke Gender Justice, whose work focuses primarily with men and boys on HIV and AIDS gender and human rights. He has served as the Deputy Chair and is now a part-time commissioner with the commission on gender equality in South Africa.

And when I first met Bafana, I asked him how and why he was engaged in this work with men and boys and I was fascinated by his response which was that we could not afford to let men off the hook. So, I would like for you to help me welcome Bafana [applause].

BAFANA KHUMALO: Good afternoon. In Sub-Saharan Africa we are confronted with three pandemics, poverty, HIV/AIDS and gender-based violence. Just over a year ago, we met as colleagues and decided what is it that we can do to make a difference and re-choose the sketch of gender-based violence in our society.

We conducted a survey with over a thousand men asking them three simple questions. What to their response is to gender-based violence. Secondly, what is the government response and how they feel about that response? And thirdly, how would they intervene in re-choosing the sketch?

The responses were varied, but very interesting in many respects. On the first question, most men reacted with anger. Acknowledge that gender-based violence is indeed a major problem in our society and that they did not support it and

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that it is something that needs to be uprooted from the roots so that, indeed, all of the people in our society can have lives free of gender-based violence.

But, what was very interesting for us was the response to the second question. Most of the men polled for this survey responded that government was doing too much. Of course, because in South Africa we have a legislative framework that seeks to respond to these gender challenges with our Domestic Violence Act, the new Sexual Offenses Act, the Maintenance Act and the myriad of other laws that are progressive. Indeed, men do feel like government is doing too much.

But, the third response to us raised even more fundamental questions around involving men in the whole notion of gender equality. The men responded, yes, we are keen to intervene, but often, we do not know what to do. We are at loss. If I know that my friend is abusing his partner or spouse, what is it that I can do? More often than not if I do get involved, I become part of the problem because I then get accused that I have a relationship with his partner and therefore, that is why I am intervening.

This gave rise to what we developed as the One Man Can Campaign, which is a campaign that seeks to involve men because, indeed, from this survey it was clear that men do want to change. Men do want to engage in positive interventions that will re-choose the sketch of violence in our society, but they lack skills of how to do it.

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If you have grown up in an environment where virtually everything in society has told you it is correct to do certain things in a particular way, it is not easy to take a different view. And so we developed this intervention as a way of mobilizing men so that, indeed, young men and boys and older men can play a positive role in re-choosing the sketch of gender-based violence in our society.

We targeted influential role players in society, we do work with traditional leaders because in many instances, when you talk to men about why they do these things, part of the excuse people give is about culture, that it is my culture that I should do this. And I always argue back that I am not an anthropologist, but the little bit that I have done on all cultures that I am aware of, an African man actually says it is the man’s right to abuse their spouse.

There can be no justification whatsoever, to justify the kind of treatment that women get in our society on the basis of culture. On the contrary, what I have found is that cultures actually place a lot of burden on men to protect and provided for their families. That has its own problems, but the point I am wanting to make is how culture is often misused in order to justify something that should not be justified.

We work with religious leaders in our society because, once more, religion also plays a very influential role in ensuring that the status quo obtains. In most of our religious groupings, very little positive intervention is given to the

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situation of gender-based violence. It is either condoned subtly or given a mystical definition like it is the devil that is making men behave this way, let us pray about it, it will go away.

Partly because the majority of people in our religious sectors, who are leaders, who are the ones who are driving efforts in these institutions are men. Possibly, they themselves do these things in their own homes and they will find nothing wrong with this kind of behavior.

We work with boys on gender awareness and health wellness because we also think this is very important. Most men thrive on what I call dangerous masculinities, masculinities that expose us men to all sorts of vulnerabilities. Having more girlfriends is seen as being very hip and chic and therefore, in order to prove your manhood, who have as many sexual encounters as you can, with all the attended exposures that are related to this kind of behavior.

But as I said, men indeed do want to change and before Zoni says to me I must stop, I just want to give two quick examples. We work with an organization, I am glad my colleagues are here from [inaudible].

When we started work there a few years ago, it was a very difficult terrain for us to go and work in, a farming community. To work with farm laborers who, many of them come from rural settings of our country, very conservative, have a

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few that culture is rigid and certain things have to be done in particular ways.

And we decided to start in our work in that area with the supervisors who are very influential in the farming area because they have the right to appoint who gets a job and have the rights to allocate accommodation in the compounds. And so there were lots of issue of transactional sex, abuse, abuse of alcohol and, as my colleagues have indicated, the related abuses that go with this kind of behavior.

In doing this work with the group of supervisors, we had old man of over 60. Every morning when we start our sessions, we start with a reflection of what we did the previous day. And as we learn from Paul Lafre [misspelled] that when you work with adults, it is always important to get them involved in their own learning so that they take responsibility for their transformation.

And so, this old man, on a Wednesday morning—we had started on Monday—raised his hand and said, "Now, I want to share something with you." And I said, uh-oh, now we are going to have trouble. Because I expected, he was one of the most conservative in the group. He is probably going to tell us to pack up and leave.

But what said was, "I went home yesterday," which was on Tuesday evening. He said, "I called all my children and my wife and I laid down the law. I told them from today, we are not going to wait for their mother to come back from work,

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because she knocks off later than all of us, to prepare dinner for us, to clean the house and do the washing." He said, "I told my sons," he only has sons, he does not have a daughter, "that from today, things are going to change in the house. All of us are going to pitch in. We are all going to help with whatever we can."

But he said, "Do not expect me to cook. I am too old to learn, but I will wash the dishes." And that was a very significant [applause] transformation for me, that this man has come to this level and has not only ingested these ideas, but has begun to enact them in his own life.

The second example is one of a chief in Kwazulu-Natal. A very progressive young man whose land was taken away from the community during the times of land acquisition by the apartheid regime. He got married to one lady—to cut the story short—and she was a development-orientated person who worked very hard to help the community reclaim their land.

They reclaimed the land. She started projects in the community and the community was involved food gardening and all sorts of very creative things. When things were much more stable, the community came to the chief and said, "Well this wife you married, you married yourself. She is not the one we choose for you as the community. So, we are going to chose one for you as it is custom, so that you marry the one who will give birth to the next king for this tribe."

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And he refused. He said, "I cannot do that. How can I turn back on a woman who has been with me even when I was going through very difficult situations? How do I then now play this big chief who gets so many wives simply because the community says that is way the culture has to do it."

And they engaged in serious confrontations almost threatening to dethrone him and he came to the gender commission to lay a claim. Now, I find it very interesting that—of those of you who know anything about Kwazulu-Natal in South Africa, you would know that it is one of the most conservative areas. To have a chief having to take that stand against his community, and not only stop there, but to approach a constitutional institution to lay a claim against his own community is a positive sign that indeed men can change and we have a lot of work to do. Thank you [applause].

ZONIBEL WOODS: Thank you, Bafana. Our last speaker is Patience Mandishona, from Zimbabwe, who courageously works for gays and lesbians of Zimbabwe. She is a lesbian activist that has been involved with women's work and also the HIV and AIDS movement and she is here as part of a delegation of groups working with just associates. Patience [applause].

PATIENCE MANDISHONA: Good afternoon. I would like to maybe share with you the situation in Zimbabwe, where I come from. As an activist coming from Zimbabwe, I see a lot of women and I work with a lot of women. And recently, we have come from, we have been going through a political situation,

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which I think most of you are aware of. And I have seen and talked to so many women who experienced violence due to the political situation and the sad thing is most of these cases were not documented at all.

Most of the women are actually living in fear and would not want to talk about the forms of violence that they went through because of the prisons, maybe of the army and the police within the areas that they stay in.

My work resolves around working with lesbians, bisexual and transgendered women. And recently within Southern Africa, we have experienced a lot of hate crimes, especially in South Africa and slowly it is started to come into Zimbabwe. We have lesbian women being attacked, raped, beaten up, murdered because of their sexuality. And there are no policies at all that protect these women within our country and mainly, this is fueled by the criminalization of same sex relationships.

Many people who work within the HIV and AIDS field do not realize the impact of the hate crimes, the impact that it has on HIV and the exposure that women have to HIV due to these crimes. Recently, in Zimbabwe we were celebrating our new domestic violence law and the sad thing is there is no documentation at all on who has been protected by this law, especially for the lesbian and bisexual women that I work with.

And within the law itself, the women are not even acknowledged. It is something that we have challenged the policy makers, but it was not taken up as an issue and so the

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domestic violence law within our country does not even protect lesbian and bisexual women.

So, I maybe just urge people within the HIV and AIDS movement to maybe look at issues of the LBT women and put them on their agendas. The violence, protective barriers and all those issues and maybe try and look at it from a different point of view. Thank you [applause].

ZONIBEL WOODS: Is this on? Hello? Yes, it is on. We had prepared some questions, but it is now that we wanted to ask of each other here on the panel, but I think because we only have about another half an hour for our discussion. We would like to then invite you all, if you have questions, comments or suggestions, to come up. We have two mics here on each side, but there are also a couple of people walking in the hallway with cards if you would prefer to submit your cards and there are some cards at the back. Christina [misspelled?], could you help us pick the cards, please, just on this side.

So, if I can ask you to keep your questions or comments to be brief so that we can have a discussion. Thank you. Yes.

FEMALE SPEAKER: Thank you. I am Min Lucy [misspelled?], working in the Democratic Republic of Congo. I have a question for the panel and also a contribution to our brother here. Firstly, none of you made any reference at all to prosecution as a protection. Laws exist. Is this your experience as it also is in Democratic Republic of Congo that prosecutions of offenses against women are just useless?

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And a second comment I have for the experience of men in South Africa. Our experience also in Congo is that we have a law. A new law from 2006, that defines sexual really widely and the community is not informed about the law, does not appreciate the importance of it, but here we found an amazing response amongst the spiritual leaders, amongst the Christians and Muslim leaders and going to them with the law, but also verses from the Koran, versus from the Bible and also traditional proverbs. It has been very effective in changing the mentality of the men and getting them involved in community action. Thank you.

ZONIBEL WOODS: Thank you. We will take a couple more questions and then I will read one of the questions from the cards, so please go ahead. Can you say your name and where you are from as well?

DENIZA BARAMANDIER: My name is Deniza Baramandier [misspelled? from Oxfam in the Netherlands. I think you have mentioned a lot of programs that are working. But, I think what is big challenge is how do you scale up? And I want to make an appeal to a lot of the donor communities. They do not know the answer. They are asking all the NGOs how do we scale up. And I think it is not a matter of many. I think it is of a good intervention.

In the 25 years that I have been working in this field, I have only seen one very promising practice, which is scaling up, which is called the Girl Child Network Movement in

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Zimbabwe, which is really a rural movement and in each household in Zimbabwe, they know what it is.

Girls are member of it, the mothers want to be member, the fathers want to be member. And it uses confrontational techniques. I think you have to use. They are very simple. It says them that as a girl or a women, you have the right of one meter to decide if a man comes near to you.

You can use simple techniques like growing from the community, looking at a man, it can be like a teacher, a grandfather, a husband and then look for a girl or a woman and say can you imagine this violating this girl, can you imagine violating this women. You cannot believe the impact it has.

So, I would like to see that we have to invest much more in movements and not in small-scale things, but in good and very confrontating [misspelled?] tactics.

ZONIBEL WOODS: Thank you. I will just take a question from this side as well.

EMILY BANCROFT: Thank you. My name is Emily Bancroft [misspelled?]. I am with Physicians for Human Rights and we work with health professionals as part of our Health Action AIDS campaign in Uganda, Kenya and Rwanda, educating and mobilizing them to become advocates for health and human rights issues in their countries. There were a few references to sort of bringing together a more comprehensive approach to addressing violence against women or gender-based violence in this panel and I am just wondering about the role that you all

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see health professionals potentially playing in the response to gender-based violence. Many of them interact with women who have impacted but do not quite know what to do. So, what is the role of health professionals in advocacy and in education and in helping to address some of these issues around gender-based violence? Thank you.

ZONIBEL WOODS: And one question from the floor on the cards from Barry Hall, with the International Community of Women Living with HIV. It is more of a comment. We at ICW consider forced sterilization and abortion as a form of violence against us, women living with HIV. I do not think I heard it mentioned. And she notes that ICW is engaged in documented cases of forced sterilization and abortion in South Africa and Namibia. So, I would ask the panel as they would like to respond to some of the questions.

CLAUDIA GARCIA MORENO: I can take a couple of questions. Certainly, I agree with fact that we need to scale up and I think that in the plenary yesterday, there were reference to two gaps, which I think are very relevant to this area.

One is the research gap. There is very little funding going into research to see what works and how can we scale it up and the only way we will be able to scale up is first knowing that whatever we are going to scale up does work. And most donors want to know that. So, we need to be able to support this research and then to look at what are the

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mechanisms that allow us to scale up. And as I mentioned, I think we have an interesting work going on in South Africa that will be very relevant to this discussion. Certainly, that is the challenge. We need to learn from what we know, do more and learn more and then scale it up.

I think in terms of the role of health professionals we focus very much on what in public health we call primary prevention, stopping the problem from happening in the first place and certainly, I think physicians and health providers, as leaders in their communities and as role models, have a very strong role to play in advocacy. And I think the health argument, the impact on the health and lives and women is a very strong advocacy tool.

They also have a very important role to play in identifying women suffering from violence and its consequences as early as possible and stopping further harm and we obviously, from the WHO perspective, focus a lot in working with health professionals in building skills around responding better to intimate partner and sexual violence.

I want to say something about the issue of legal reform and strengthening criminal justice because there has been quite a strong focus on that and again, I think how much it impacts on actually stopping violence is not really well understood, but it certainly sends a strong message around the issue of what is acceptable. It is an enormous field in and of itself,

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how to improve and it certainly forms a part of the multi-sectoral response.

I think one of the things that we did not say, but is obviously important is that it is not one intervention or one program that is going to solve this issue. It is an issue that requires interventions at all levels and from all sectors and that is also a challenge in terms of scaling up to build the mechanisms that allow for coordinated and responses where the different sectors are strengthening each other and criminal justice is clearly an important one.

CHARLOTTE WATTS: I just want to add on some of the questions. In terms of the issue of scale up, it is the million dollar question. We have just did a small intervention empowering women with micro-finance and participatory trading and showed that we halved the levels of violence in rural South Africa. We are scaling up. By the end of 2010, we hope to reach 15,000, but how can we go further?

I think when we are thinking about how do we scale up, increasingly we are recognizing well, actually the model that we implemented on a small scale give us insights about what might be the broader structural change that we need to advocate for at a national level.

So, in the particular intervention we were using micro-finance plus participatory training on gender, so the broader, sort of national policies is really around economic opportunities for women, addressing some of those gender

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inequalities not only with micro-finance, but a whole range of other forms of economic opportunity plus trying to add to that very strong actions and messaging around gender, HIV and violence. And so, I think the danger when donors look at a successful that is often implemented by an NGO on a small scale, they say, well how do we scale up? They just think they are going to do the same thing on a huge scale and I think we need to be a bit more subtle about the way that we learn lessons and think well, actually what were the key elements of that and what might be the structures we need to change to try and enact that on a much larger scale?

And then the other point was the question from ICW and I really feel bad that I did not include that in my presentation because clearly, forced sterilization and abortion is a form of violence against HIV positive women or any woman.

EBONY JOHNSON: In response to the question from ICW, this also becomes, again, an issue of increasing sexual and reproductive health rights [inaudible]. But the people who are living with HIV do still have a right to sexual health, do have a right to autonomy. Just as we want to have a combination approach around cocktails and drug treatment, there also has to be a combination approach around prevention that includes healthy sexual and reproductive health message, legislation and policy.

And it also speaks to what someone asked about the inclusion of healthcare providers. When a woman tests HIV

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positive, that is the first level of isolation that is the first level of loss. You do not get that moment back again to not become positive. And so you need affirmation that comes also in your legislation, but also from your health care provider that there is a partnership. That you can talk about being a sexual being and that you can talk about the relationship and dynamics that happen with there. As that relationship is developed, as that there is rapport, you can talk about the culminating factors like domestic violence, but there has to be a ground that happens. We need to make sure that our healthcare providers are not only able to treat HIV as it manifests metabolically, as it manifests medically, but also that it manifests on an emotional scale.

Often times, women are in isolation. Their HIV provider may be the only person that they have or even their primary care doctor is going to help them make that linkage.

We need to also not be territorial. We need to look to our community partners. There is not just one way of doing it. There is not just one model. It is going to take a lot of things. It is going to take social marketing. First of all, we have 25 years of stigma around HIV and so when women become infected or when we even discuss testing, it is something that has vilified, it has been made dirty, it has been made bad. It is only something that happens to certain kind of people who have been living a certain kind of risqué lifestyle.

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So, as we get those layers eliminated, then we can ask people to get tested and people to feel engaged, people to feel safe and the messages just cannot be about women. They have to be inclusive of men. It is a full circle across the spectrum [applause]. It is particularly sad in the U.S. We have a place where HIV rates—we have just got a report saying that they have been under reported and still we have a curriculum that is abstinence-based. We are not speaking to the needs of what is tangibly happening and so that needs to be reflected.

How can we reduce violence when we have not been able to get people to say the word and for there to be humanity there? HIV is happening and so we have to make it that HIV is treatable. If you do not have it, we do not want you to get it, but also, if you do have it, that you can live.

We are asking men to not be violent and we are asking them to do something that they have not been trained to do. As we are integrating sexual and reproductive health in the schools early on, not waiting until the onset, not waiting until someone is coming home and it looks like issues of cheating. So now, you have got women who have gone out, got empowered, gotten information to come home and saying, let us use a condom.

Well, I have not been taught about condom use. Everything I know about use is related to cheating. So, it is going to be a very integrated approach where we are saying the same messages at every level, in the home, in the schools, with

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the health care providers, that we are not vilifying and making sex dirty. And that we are making it where people have ownership of their sexual rights, ownership of their responsibility and where women will not be in positions where domestic violence is acceptable [applause] because they are champions for themselves.

ZONIBEL WOODS: Okay. We have a lot of questions and not a lot of time, so if I could ask you to keep your questions or comments very brief so that we can have as many people speak, that would be great.

ANNA-LOIUSE CRAGO: Zoni, can I quickly add just something for the last questions?

ZONIBEL WOODS: Yes, thank you.

ANNA-LOUISE CRAGO: I do not know if that is on. I just wanted to quickly add in terms of the question around health professionals. One of the things that, thank you, ICW brought into my mind that I did not think about was coercion by health professionals is also a form of violence in sex workers in many parts of the world and many parts of Latin America and Kirgizstan and Latvia deal with forced HIV and STI testing in conditions they do not control and with no confidentiality. And that should that be a thing that health professionals can rally and unite around opposing and absolutely opposing participating in in any way, shape or form.

I just also wanted to quickly respond to the question about prosecutions. Prosecutions, I do think, can strongly

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send messages and send a strong message and make an important precedent. The problem that we are having, again, is that with sex workers, when state is part of violence, it is very difficult to report violence and be taken seriously. There have been really important things that have been done to strengthen the ability to report violence. Some of those are anti-discrimination laws. In Brazil, there is a law that is being put forward against discrimination against sex workers.

It is changing policy. In Canada, the Victims' Compensation Board run by the state refused to give compensation to a friend and colleague who was stabbed 17 times because they said it was her fault because she was a sex worker. On appeal, they said it actually was not her fault because she was a sex worker. It was her fault because she was an unrepentant and old sex worker and should have known better by then.

Luckily, she appealed and won and I think that being able to shift policy in terms of the way the state responds to violence is what will open the door to actually being able to use some mechanisms to stop violence.

In Brazil, again, the government, in collaboration with sex workers, had a whole health and rights campaign that was called You're a Professional, You Can Denounce Violence, that was targeted at sex workers. So it helped to fight the stigma associated with being a sex worker and opened the doors to being able to report violence.

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And finally, I wanted to say, again, state violence is an issue and prosecution is not the easiest way to go about changing state violence. It is changing the laws and the policies and I think that that is something that has to always be part of it.

ZONIBLE WOODS: Thank you. Your question please.

BAR MARVECKS: Hello, my name is Bar Marvecks [misspelled?]. I work for the International Organization for Migration based in South Africa, working in Southern Africa. Our organization is working with victims of human trafficking and I was just wondering and maybe a question to Anna-Louise, what would be your position or your ideas about de-criminalization versus legalization of sex work.

I come from Holland myself and I have understood that since the Dutch government, for a long time they have de-criminalized sex work, but now they have actually legalized it. And that actually made undocumented migrants, especially from Eastern Europe go more underground and actually more vulnerable than at the time when it was decriminalized. So, maybe just your point on that and I just want to applaud Patience from Zimbabwe for doing brave work [applause] and I think for—

PHYLLIS SCOCHERE: I am Phyllis Scochere [misspelled?]. I write for the Sunday Mailings in Zimbabwe. My question is for the panel. I would like to know if there has been any research or things like that on the relationship between HIV and rape, particularly in conflict areas, especially in Sub-

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Saharan Africa, it being the center of the epidemic, may if you could comment on that.

ZONIBEL WOODS: Okay. We will take a few more questions and then we will come back to the panelist, please.

CATHERINE BUTLER: I am Catherine Butler [misspelled?]. I am a psychologist from the NHS in London and she picks up from the last question as well that I have been to quite a few talks in this conference where women have raised issues of gender violence and it has often been dropped by the panel when they are answer or yesterday. I went to a meeting session about Zimbabwe and I raised the issue of gender violence as a context and then, again, was told that, apparently, the latest issue of the general epistemology says that rape has no bearing on HIV rates.

So, how do we work with our colleagues if we are thinking about different levels of intervention, what do you do with things like that?

ZONIBEL WOODS: Yes, please.

JERRY L'VALE: My name is Jerry L'Vale [misspelled?]. I am from Canada based out of Toronto. I am with the Canadian Union of Public Employees and my question is specifically for Anna-Louise, although if anyone else on the panel wants to respond that is more than welcomed. We are currently working or trying to work on a campaign on the de-criminalization of sex work in Canada and we initially started with wanting to legalize sex work in Canada and there was so much opposition it

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was unreal. So, we fell back to the de-criminalization sex work in Canada and I am finding that there is so much opposition even within our own ranks. I work in equity-seeking groups within our union and so, what I would like to know is what your—I believe you said you were out of Montreal—if you would be willing to come and talk to us.

ANNA-LOUISE CRAGO: Oh, sure [laughter].

JERRY L'VALE: Honestly and really sort of vocalize what you just said today and just go from committee to committee to committee. We need all at once, every once in awhile. That would be a great help to me because it is like banging our head against the wall, trying to make the point that sex work is real work and there are some really serious equality issues there and some infringements on human rights and so on. And so we really would like to get that going. If there is way that I can contact you somehow would be much appreciated, but thank you.

ZONIBEL WOODS: Thank you. That meeting of the two of you could be a very concrete outcome of this session, so this great. I have two questions that I think relate to each other so, the first one is how can we shift gender norms and masculinities to end violence against women, particularly when it is the men who hold the power to make change happen within all institutions from the family through government and legal institutions. And the second one is related and it comes from a Mexican colleague and she asks [speaking a foreign language].

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If the violence against women is cause by the patriarchal system that is also machista [misspelled?], is it not important that we change the mind of men first?

CLAUDIA GARCIA MORENO: Can we start with you Bafana?

BAFANA KHUMALO: I think that is precisely why we are doing the work we are doing with men because we think precisely for that reason we do need to deal with men on issues of patriarchy and what I call risky masculinities and our view is that unless you do that, in our context, working with women, for instance, on gender-based violence, while it is important and needs to be done, in some instances, exposes women to even more violence.

Women who come home having acquired all this knowledge about their rights and want to accept that in a condition where they are living with an abusive spouse. That, in itself, sparks new violence and we think we need to make an intervention as men and speak to other men around these issues and bring more men on board so that indeed we change this approach of what it means to be a man, that it is not just about being aggressive. It is not just about exposing this risky masculinities. It is also about accepting that as men, we are vulnerable, that we do not have to prove our manhood by being violent, that it does not make us less of men if we actually treat other human beings as full human beings and that work is important with men and also with boys so that we transform this kind of thinking [applause].

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ZONIBEL WOODS: Others from the panel would like to respond some of the questions, yes, Anna-Louise.

ANNA-LOUISE CRAGO: So, to your question, I wanted just first of all say I think we are all clear that trafficking is a major abuse and human rights abuse across all industries and I think it is really important not to pit sex workers rights against efforts to stop trafficking. I think that sex workers are not only against trafficking, but the best placed in efforts to stop trafficking.

So, this was seen in the Sonogachi Project in the red light district in Calcutta, where sex workers put together self-regulatory boards, with sex workers working in the brothels along with different human rights advocates and sensitive medical personnel with the understanding that sex workers working in the brothels will probably the first to encounter someone who is either a minor or who is coerced into the sex trade and needs help. And that that help should be given on their own terms from a human rights framework, not by forcing them into prison, not by deporting them, not by forcing them into a rehabilitation center.

I think that in terms of the claims that in Holland trafficking has increased, those are disputed by many. They are also disputed by many people who see de-criminalization as one of the best ways to stop trafficking. As long as sex work is criminalized, many people argue that it is much more

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difficult for sex workers to denounce human rights abuse, coercion, trafficking.

There are groups, like the Foundation Against Trafficking, in Holland who take that position. Groups like the Global Alliance Against Trafficking and Women who take the position that sex workers' rights is a way to fight trafficking.

In fact, the Asia-Pacific Network of Sex Work Projects has a big banner here this week that says, "De-criminalize sex work to stop trafficking." I also think that it is important to question where certain claims are coming from. A lot of the claims that trafficking has increased in Holland come from groups who expressly oppose sex work and often confound sex work with trafficking or often confound migrant sex work with trafficking.

Sometimes they have not only an anti-sex work agenda, but an anti-migration agenda. That said, I think it is absolutely true that the rights of migrant sex workers and also other migrant workers, migrant domestic workers, migrant restaurant workers are not protected in Holland and I think that is the case in many of our countries. So, I absolutely believe that there needs to be both law and policy reform that centers around protecting the rights of migrant workers. And I do think that sex workers' rights are not in opposition to trafficking, again, but are one of the best ways to achieve an end to trafficking [applause].

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ZONIBEL WOODS: Thank you. Are there other responses to the questions from the panel?

EBONY JOHNSON: Can I just ask that if people are interested, in the interest of time, that you can go to Differentavenues.org. We just put out a document on sex worker rights and domestic violence in Washington, D.C, with a lot of the new policies and legislations. Sex workers are overly targeted for violence, just inhumane things in response to their acts to exchange sex and they are being forcibly beaten instead of going to jail. A lot of transgender persons are particularly targeted.

Often times, there is not other work for transgender persons and so, we have just really change the legislation. We have to hold the systems accountable and people say they do not want to legalize sex work because it is bad for the community. They do not want to legalize it because it is bad for their values.

ZONIBEL WOODS: Thank you. It is now 12:30. Yes but very, very briefly. We have been giving five minutes of grace so, we can wrap up a little bit and take a couple more questions.

CLAUDIA GARCIA MORENO: I just wanted to respond to the issue about research and showing the linkages between sexual violence and HIV and the article that has been referred to. I think it is important to distinguish between the relationship between violence and HIV at a population-based prevalence level

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and issues around individual risk for women and the issues of how it is not just, as Charlotte mentioned, that there is potential for direct transmission. Obviously, if you are raped by an HIV negative person, then there is zero risk of transmission, so the risk is related to the overall prevalence of HIV.

But, the context of violence generates a setting for women where many other vulnerabilities and risks are increased. There is also the issue of how violence and living in a climate of violence, especially at the domestic level, impacts women's ability to access prevention, treatment and care.

And finally, and I think the article, the recent article, different to previous articles by the same author does recognize that both problems are major public health problems that need to be addressed. And I think that while we are here in an HIV/AIDS conference, emphasizing the links and the intersections of HIV and violence, we definitely need to be very clear that violence needs to be addressed in its own right as well as because of its impact on specific health outcomes.

CHARLOTTE WATTS: Just to add to that, the paper that has led to these sorts of statements that well, rape is not driving the epidemic, so we do not bother are very concerning. And to think through that issue a bit more, myself and colleagues have done some modeling to look at how an individual woman's risk of HIV might be affected by different scenarios

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around rape, drawing on what we know is happening in many conflict and post-conflict settings.

And there is a poster up today with Biana Foss [misspelled?] that presents those results, so I would encourage you to look at those.

ZONIBEL WOODS: We have maybe 15 seconds per question so, Cynthia.

CYNTHIA ROTHCHILD: First, great panel. Second, Patience, I also would like to thank you for your courage and for the great work of GALS and the other organizations with which you are working. I also want to take your challenge and I would have posed this question to the panelists to respond to in terms of lesbian invisibility, generally. My name is Cynthia Rothchild [misspelled?]. I work with an organization called the Center for Women's Global Leadership.

One of the things that is fairly clear is that while in one sense, all women are targeted violence, it is also true that women in marginalized groups are explicitly targeted for violence and that lesbians are often not part of the rhetoric that rises to the top in these conversations.

There is a session at 1:30 today that will further the discussion about lesbians and HIV and I will close simply by saying that we are in a complicated situation in which there is a level of impunity for acts of violence targeted against lesbians because lesbians do not feel comfort in reporting, generally. And I would call upon panelists, possibly not now,

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to figure out ways of addressing same-sex sexuality, even if to say we do not have the statistics and we do not have the evidence because of these political challenges. It would be very useful for our advocacy. Thank you.

LIZETH HERRERA: I am positive woman. [Speaking foreign language]. I speak Spanish. [Speaking foreign language].

ZONIBLE WOODS: Okay, I will try my best to translate. Lizeth is from the YWCA in Peru. She is a woman living with HIV and her concern is that in Peru there is great deal of violence against women living with HIV, psychological violence. And when they seek help, they are told, it is your partner, it is your spouse either from institutions or from the church and so she is asking the panelists if they have any experiences to share on responses to psychological abuse of women living with HIV. I hope I got it correctly.

PORSCHE: My name is Porsche. I am from South Africa. I am a TAC member. Mine is not actually a question, but it is just an addition. I love to thank Patience all of what she has said. It is true, Patience, that hate crime has a high prevalence in South Africa. Girls who are lesbian are brutally murdered and raped for nothing because of their sexuality. And the justice system is doing nothing unto that and unless we act and come with a strategy to end that, it will never end.

If a woman is raped and if a lesbian is raped, those are two different charges. Because a lesbian has been raped,

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because of her sexuality, because it is a raped that is posed by hate, so the conviction must be of a high charge.

And the other thing is, we keep on talking about campaigning, educating, making awareness and all, but the justice system is failing us at all times. We report these cases, but at the end of the day, they do not end up in conviction, so our work at the end of the day, is useless, but we need to fight our justice system and we need [inaudible] these cases. We got the steps all the time but we do not—

ZONIBEL WOODS: Thank you.

PORSCHE: —know how many cases end up in conviction. And the other thing is that—

ZONIBEL WOODS: Sorry.

PORSCHE: —if a woman—

ZONIBEL WOODS: Sorry. I am sorry. Thank you very much for your statement. It is extremely important, but I have been told that the next session starts at 12:45 and I apologize to [applause] the people that are waiting to ask their questions. And I would invite you to come and speak and ask your questions from the speakers. We will be around for a few minutes longer, but just before we wrap up, just two words from each one of the speakers starting with Ebony, if there is something very brief that you would like to say as a way forward.

EBONY JOHNSON: We have to address HIV and domestic violence. It is strong intersection in communities of poverty,

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in communities where people are already facing isolation, we have to make sure that laws are in place to protect them, patient advocacy, healthcare advocacy and strong sexual and reproductive health rights. Again, please refer to [inaudible], please refer to the United Nations campaign. We have to do better by people.

PATIENCE MONDISHONA: I would like to thank everyone for the support for the work that we are doing and just urge everyone to continue working and recognize LBT issues within the work that you are doing. Because I feel that coming from a place where LGBTI issues are not considered human rights issues, I would really urge everyone to look at it differently. Thank you.

CLAUDIA GARCIA MORENO: I would just say that there is a lot of scope and we need to really push for integrating violence issues into all other programs where it is relevant.

BAFANA KHUMALO: Yes, I would agree with colleagues that indeed we need to strengthen our legal framework, but from South Africa, we have learned that the laws by themselves do not necessarily change the situation. We need to remain vigilant as civil society so that we hold our government's accountable for those laws and ensuring that they are implemented and implemented correctly. Thank you.

CHARLOTTE WATTS: In terms of what we can do, we are all here working in many different fields and areas, but the message I would want you to go away with is that whatever area

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that you are working on, violence is there, impacting on what you are doing and you really need to look at it. It might be hidden, but it is there and you need to think about how programmatically you can address that. Thanks.

ZONIBEL WOODS: Thank you very much to our panelists. Thank you for being here, for listening, for joining in the conversation and we look forward to continuing this dialogue on this very important issue. Thank you very much [applause].

[END RECORDING]

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