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GENDER IDENTITY AND VIOLENCE IN MSM AND TRANSGENDERS:

Policy Implications for HIV Services

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
GBV	gender-based violence
HIV	human immunodeficiency virus
IPV	intimate partner violence
LGB	lesbian, gay, and bisexual
PLWHIV	people living with HIV
MSM	men who have sex with men
S&D	stigma and discrimination
STI	sexually transmitted infection
SW	sex worker
TG	transgender/transgender persons
UNAIDS	Joint United Nations Program on HIV/AIDS
US	United States
VCT	voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

After 26 years of grappling with the HIV/AIDS epidemic, providers, researchers, and policymakers understand that social discrimination is connected to HIV risk, vulnerability, and access to care and prevention. Unfortunately, around the world, men who have sex with men (MSM) and transgender persons (TG) often face stigma, discrimination, poverty, violation of human rights, homophobia, and heterosexism. Negative attitudes and violence toward gay men, MSM, and TG commonly are condoned by the State and society in many countries. In such environments, MSM often face arrest if they overtly state their sexual orientation, and expressions of same-sex behavior can be punished by imprisonment. Law enforcement and healthcare providers often perpetrate widespread corruption, intimidation, and harassment against gay men, MSM, and TG, thus hindering them from accessing services. Similarly, the rates of violence among MSM and TG, particularly those engaging in sex work, are alarming.

This violence and stigma and discrimination (S&D) faced by MSM and TG often find their roots in homophobia, or fear of homosexuality, as well as a general fear of those whose gender identity does not adhere to traditional gender norms. Violence against MSM and TG often is a manifestation of stigma and discrimination due, at least in part, to the fact that they do not fit into traditional gender categories. Those who enact violence against MSM and TG may feel a sense of entitlement to greater power and control based on perceptions that his/her gender is of a higher social status than that of the victim. Moreover, evidence points to the fact that intimate partner violence (IPV) faced by MSM and TG mirrors intimate partner violence that women experience—the perpetrator uses violence as a way to maintain power and control over the victim, and often the victim takes on the more effeminate role in the relationships. In these ways, violence against MSM and TG can be considered a form of gender-based violence (GBV).

According to the literature, violence against MSM and TG increases their vulnerability to HIV and AIDS. The most direct documented link is the high level of sexual coercion—often without condoms—that MSM and TG suffer. Evidence also shows a correlation between IPV and having sex without condoms. Likewise, violence against MSM and TG may also further degrade their self-esteem, leading to other high-risk behavior, including substance abuse, transactional sex, or forcing sex themselves. More overtly, violence or fear of violence by health professionals prevents MSM, TG, and sex workers—those with and without HIV—from accessing critical health services, and sex workers often are harassed if they are found carrying condoms, which denotes being a sex worker (SW) in many cultures.

Despite the fact that MSM and TG face numerous vulnerabilities related to violence, stigma, and discrimination based on their gender identity, health-related services are limited to a handful of pilot programs that only touch upon the problem of violence as it emerges as a key issue for MSM and TG. On the whole, however, MSM and TG are so marginalized that they do not access health services, whether due to poverty, discrimination, or a general lack of knowledge.

There are no established guidelines for determining whether a particular health service setting is ready to work with MSM and TG to address issues of violence and S&D. Given the special considerations and sensitivities in working with MSM and TG, however, the most ethically sound approach requiring the fewest reforms would be constructing a pilot intervention to assess for violence in specialized STI clinics and/or community-based organizations (CBOs) accustomed to providing HIV/AIDS services for these groups. Even in these cases, if not already part of an organization's package of services, strong linkages should be made with CBOs that provide support services for MSM and TG, such as drop-in centers that offer social services and counseling or human rights organizations that may be able to empower MSM and TG to recognize their human rights.

It is important to recognize that, for many societies, gender-based stigma and discrimination may be so pervasive that interventions aimed at tackling the underlying attitudes and norms will need to be prioritized before attempting health service reforms, if not carried out in tandem. On the other hand, the health sector plays an integral role in changes to structural and societal norms. Where there is institutional support and laws that protect the human rights of MSM and TG, HIV services have a responsibility to respond to cases of violence against these groups and/or actively address violence and S&D against them in a manner that is nonjudgmental, confidential, and ensures access to counseling and/or social support. They may also help to link those experiencing violence with other specialized services so they can work together to ultimately reduce the vulnerability of MSM and TG to both violence and HIV.

Recommendations

Research

As this review has identified, there is still much to be learned about how gender-based violence affects the lives of MSM and TG, including HIV vulnerability. Through evaluation of the above interventions and additional studies, the following information should be collected:

- Different types of violence and abuse by subcategory of MSM and TG;
- Perceptions of MSM as to whether IPV is violence and to what extent they think it is gender based;
- The full complexity of the links between violence against MSM/TG and HIV, especially as revealed through qualitative research;
- The help-seeking behavior of MSM and TG to identify whom they are most likely to approach when in need of emotional or physical health services;
- Attitudes of health professionals toward MSM and TG to understand how open they are toward those individuals;
- Discovery of whether screening for violence in HIV or other health services is an effective entry point to address violence against MSM and TG; and
- Ways that HIV and/or other health interventions can address violence within their programs.

Advocacy

Numerous studies and reports discussed in this review indicate that MSM and TG are highly marginalized and face a wide range of social vulnerabilities to HIV beyond high-risk sexual behavior. Findings from this research as well as the research and interventions discussed above should be used to advocate for improved policies and increased attention to such social vulnerabilities through programming, including

- Laws that protect the dignity and rights of MSM and TG as human beings;
- Increased funding and support to identify appropriate interventions to respond to violence against MSM and TG; and
- HIV policies and strategic plans that include specific strategies to address violence, stigma, and discrimination against MSM and TG in related programs.

Action

Because MSM and TG are so marginalized and stigmatized by greater society, it is not clear how effective formal health services would be to reach them. Based on the formative research discussed above, pilot interventions should be designed, implemented, and rigorously evaluated to determine most effective programs to address violence against MSM and TG. Interventions should address the range of dimensions that influence, support, and potentially mitigate violence and effects of violence against MSM in TG. Such interventions may include

- Programs that eliminate related norms, attitudes, and behaviors of the general community;

- Health or HIV services that identify violence and incorporate violence-specific counseling into HIV counseling and testing and other health services;
- Sensitization and training of police on the human rights of MSM and TG and their roles in protecting those human rights, particularly where laws are supportive and well defined.
- Social services such as shelters and livelihood programs for MSM or TG who have been rejected from their home, work, or other livelihood; and
- More informal community-based peer support systems.

Through evaluation, it will be particularly important to identify the feasibility of the interventions and who and what types of interventions are best positioned to both reach MSM and TG and address violence and resulting impact on HIV vulnerability

INTRODUCTION

Purpose of the Review

There are two primary goals of this review. First, it aims to synthesize the literature on violence and related forms of stigma and discrimination among MSM and TG, particularly those engaging in sex work,[1] through a gender perspective. In doing so, it analyzes ways in which violence and S&D among MSM and TG are gender based. Second, the review looks at how violence and related S&D against MSM and TG affects vulnerability to HIV.

Rationale

This review began with the premise that violence against MSM and TG can lead to sex work, a lessening of economic options for survival, high-risk sexual behavior, poor health-seeking behavior, isolation, and low self-esteem—all vulnerabilities that anchor HIV as an epidemic. Although accurate prevalence statistics of HIV among MSM and TG, including those who engage in sex work, are difficult to gather because of the marginalization of those groups, studies reported by UNAIDS (2008) found rates of HIV among MSM to range from 6.2 percent in Egypt to 43 percent in the port of Mombasa in Kenya. For the general TG population and males or TG who engage in sex work, few data are available, but one study from Vietnam reported 33 percent HIV prevalence in male sex workers (UNAIDS, 2008).

The wide and overlapping prevalence of all of these epidemics—stigma and discrimination, GBV, and HIV—among MSM and TG raises questions about their linkages. While research is minimal among MSM and TG, in recent years, researchers have revealed that GBV is strongly linked to HIV in women. Several factors account for this correlation. First, coercive sexual intercourse may directly increase the risk for HIV through physiological trauma. Second, violence and threats of violence may limit the ability to negotiate safer sexual behaviors. Likewise, experiencing violence, particularly sexual violence, has been found to increase HIV-risk behavior, such as multiple sex partnerships and use of illicit drugs. Finally, international research shows that the fear of violence prevents women from accessing HIV information; being tested; disclosing HIV status; accessing services for the prevention of HIV transmission to infants; and receiving treatment, care, and support (Campbell, 2008).

Given this knowledge, and the anecdotal and media reports, it is plausible to conclude that the intersections between violence against MSM/TG and HIV are highly significant. Without a solid body of empirical research to support such a statement, however, it remains nothing more than a hypothesis. Diverse pieces of research explore this intersection and have been highlighted by MSM initiatives among HIV programs and in the more marginalized SW movement. To the best of the authors' knowledge, however, there has been no recent global synthesis of these findings.

Violence against MSM and TG: Definitions and Overview

Gender-based violence is "any harmful act that is perpetrated against a person's will, and that is based on socially-ascribed (gender) differences between males and females" (IASC, 2005). The former has the objective of using violence as a way to maintain power and control over the victim (Pan-American Health Organization, 2002). The perpetrator's sense of entitlement to greater power and control is based on the perception that his/her gender holds a higher social status than that of the victim.

[1] It is important to note here how each of these categories—MSM, TG, and SWs—are defined in this paper. The complexity of the behaviors and characteristics of individuals within each group means that there is no perfect definition for each. In fact, the terms "men who have sex with men," "transgender," and "sex worker" actually do not refer to groups per se; rather, they group together individuals who engage in certain behaviors.

While, the term "gender-based violence" is often used interchangeably with the term "violence against women,"[2] this review includes violence against MSM and TG in its definition of GBV. To avoid confusion, however, this review uses "violence against MSM and TG" throughout most of the document.

Stigma is "an undesirable or discrediting attribute that an individual possesses, thus reducing that individual's status in the eyes of society" (Goffman, 1963). It is a labeling of an individual or group as different or deviant. *Discrimination* moves into acts and behavior—a differential treatment based on those negative attitudes (Morrison, 2006). Violence against MSM and TG is related to and often can be equated with gender-based stigma and discrimination (S&D). When S&D is enacted against MSM and TG through verbal insults, threats, blackmail, or differential treatment, it becomes—along with physical and sexual violence—part of the same spectrum of gender-related abuse that sexual minorities typically face. Throughout the document, when referring to the range of gender-based S&D and violence perpetrated against MSM and TG, the term *abuse* is used.

Although the literature rarely refers to violence experienced by MSM and TG as gender based, findings from this literature review reveal that for MSM and TG, gender identity is an important underlying cause of such violence. This paper examines the immensity of GBV against MSM and TG without detracting from the problem of violence against women and girls. Indeed, female victims do suffer greater physical damage than male victims (WHO, 2005) and their subordinate status (both economic and social) "contributes to an environment that accepts, excuses, and even expects violence against women" (Heise et al., 1999). Still, as this paper will point out, violence experienced by MSM and TG has similarities to violence against women in that it usually occurs because MSM and TG do not ascribe to traditional gender roles or because they are viewed as effeminate, and so, subordinate to others.

In the case of intimate partner violence among MSM and TG, including those who engage in sex work, violence appears to be a way to subordinate them to inferior feminine roles, similar to women who experience violence within heterosexual relationships. Some researchers assert that this imposed subservience makes it more difficult for men, including gay and bisexual men, to acknowledge being in violent relationships. In one of the earlier studies exploring GBV, Lettellier (1994) identified the difficulty of accurately estimating violence because men may not necessarily view themselves as victims or because this would be inconsistent with their identity as "males" (cited in Burke and Follingstad, 1999).

Moreover, while women may experience violence at the hands of their husbands or partners for defying traditional gender roles, such as taking care of the household or being an obedient wife, gender-based reasons for violence toward MSM and TG lie in homophobia[3] (irrational fear of, aversion to, or discrimination against homosexuals or homosexual behavior or cultures) and heterosexism (the belief that heterosexual people are naturally superior to homosexual and bisexual people). Homophobia and heterosexism drive violence perpetrated against MSM and TG by the wider community, as well as family and friends.

As Scott and colleagues point out, the etiology of violence cannot be reduced to simple causal factors, and certainly not just one. That is, a single variable such as gender cannot be emphasized while ignoring others (Scott et al., 2005); this is not the intention here. Contexts in which violence occur vary. Indeed, much violence in societies can be attributed to an overall culture of violence, alcohol, and drugs, as well as poverty—the same factors linked to youth violence, gang violence, and child abuse. Yet, evidence

[2] The United Nations General Assembly defines violence against women as, "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life" (United Nations General Assembly, 1993).
[3] Psychologists (Weinberg and Ramos Padilla) assert that homophobia also refers to the self-loathing by homosexuals, as well as the fear of men who do not live up to society's standards of what it is to be a "true man."

from studies identified by this review indicate that MSM and TG, including sex workers, most commonly experience violence as a result of homophobia and heterosexism.

This review will focus its discussion on these groups broadly but will also look at MSM and TG who engage in sex work—groups that have heightened risk for violence and HIV. A note here is warranted about how each of these categories—men who have sex with men, transgender, and sex workers—are defined in this paper. The terms "men who have sex with men," "transgender," and "sex worker" really do not refer to groups per se; rather, they group together individuals who engage in certain behaviors.

First, **MSM** are defined by the U.S. Centers for Disease Control and Prevention (2007) as "all men who have sex with other men, regardless of how they identify themselves (gay, bisexual, or heterosexual)." Thus, MSM comprise a broad range of individuals, including, but not limited to, sexually active gay males who identify as such; bisexuals who are sexually active with other males; "closeted" homosexuals having sex with other men; anonymous or faceless sexual encounters between males; and male SWs with clients. In their assessment of the knowledge about the sexual networks and behaviors of men who have sex with men in Asia, Dowsett, Grierson, and McNally observe,

> *"The literature reveals that there are no socially or self-defined groups of men that fit into an overarching category of MSM. What the review shows is that there are just men!! Fishermen, students, factory workers, military recruits, truck drivers, and men who sell sex, and so on: all these categories of men are to be found in the studies and programmes reviewed"* (Dowsett et al., 2006).

Unlike MSM, TG are not unambiguously of one sex. Instead, **transgenders** are "people who were assigned a gender, usually at birth, based on their genitals, but who feel that this is a false or incomplete description of themselves" (T-VOX, 2009). Similar to MSM, however, transgender does not imply any specific form of sexual orientation or identity. In fact, transgender people may identify as heterosexual, homosexual, bisexual, pansexual, polysexual, or asexual. Beyond sexuality, transgender identities also include many categories that may overlap, including transvestite or cross-dresser; androgynies (those who are non-gendered or between genders); people who live cross-gender; drag kings and drag queens (those who cross-dress for special occasions); and frequently, transsexuals (those who undergo sex reassignment therapy to physically change their bodies so as to live and be accepted as a member of the sex opposite to that assigned at birth). The definition of transgender is still in flux and is often hotly contested. Recognizing these ambiguities in terminology and the absence of clear distinctions between transgender subcategories in the existing literature, this review tries to be as inclusive as possible. Nonetheless, most literature reviewed did not necessarily differentiate among the aforementioned subgroups of TG. Therefore, this review will use TG to refer to all of the subgroups described above.

Finally, there are definitional challenges about what constitutes a sex worker (SW), particularly a male and transgender SW. According to UNAIDS, a basic definition of **sex work** is "the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and TG adults, young people and children where the sex worker may or may not consciously define such activity as income-generating" (UNAIDS, 2005). In other words, sex work occurs in very diverse contexts besides the traditional prostitute selling sex on the street or in a bar or brothel. For example, there is the boy who sells sex to the office worker in the park; the drug addict who occasionally sells sex to finance his next high; or the young man who has a "sugar daddy" to pay the rent. Likewise, in developing countries, some young men maintain sexual relationships with an older male tourist in exchange for gifts, a chance to learn English, or the possibility of a better life abroad (Clatts et al., 2007). This review did not seek to exclude these forms of transactional sex; however, the search parameters (discussed in "Methods" below) were limited to articles referring to "sex work" and MSM or TG.

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