

Case Study: Screening for GBV in Thailand

Screening for Gender-based Violence against Most At-Risk Populations in HIV Clinics: Thailand

Project Objective:

Develop and pilot an intervention to integrate screening for GBV against MSM and transgender people into the context of existing HIV services.

Context:

Men who have sex with men (MSM) and transgender people (TG) have very high HIV prevalence rates. Gender-based violence (GBV) may be a key factor in these groups' vulnerability to HIV, especially in the context of sex work. To date, few interventions have addressed this vulnerability factor, especially in the context of healthcare services. A nongovernmental organization (NGO) wants to pilot test a tool and protocol in Thailand for screening MSM and transgender people, including male and transgender sex workers, for GBV in the context of HIV services.

Violence experienced by MSM and TG is considered GBV because it is a manifestation of stigma and discrimination against these groups primarily due to the fact that they do not fit into traditional gender categories. For example, a study of male and transgender sex workers in Bangladesh found that, of those who had been raped, 87 percent said they were raped because they were effeminate. GBV against MSM and transgender people may take numerous different forms, including violence from community and family members, intimate partner violence, rape and sexual coercion, and police abuse, among others.

Limited information exists on violence against transgender people and MSM in Thailand, but global data suggest that GBV is a frequent experience of these groups. Studies from the United States and Latin America, for instance, found that rates of intimate partner violence among MSM and transgender people are similar to the rates in heterosexual couples.

Sexual coercion is another prevalent form of GBV against MSM and TG—in a study of 2,000 MSM in Thailand, 18 percent reported that they had been coerced to have sex; 67 percent of those were coerced more than once.

Abuse of MSM and transgender sex workers also is alarmingly high. A study of 475 sex workers in five countries, including Thailand, found that 63 percent had experienced sexual abuse. Reports from around the world indicate that police may abuse or extort money from sex workers (female, male, and transgender). This is especially pertinent in contexts where sex work is criminalized, as sex workers have little recourse against police abuse because sex work is an illegal behavior.

Just as GBV increases women's HIV vulnerability, so does GBV put MSM and TG at greater HIV risk. Forced or coerced sex poses a risk of HIV, especially as it may produce greater tearing, which increases the likelihood of HIV transmission. Further, studies from around the world suggest that MSM and trans who experience GBV are less likely to use condoms. Stigma, discrimination, and related loneliness may also push MSM and TG to avoid HIV prevention strategies.

Further, GBV decreases health-seeking behavior, as feelings of shame and self-blame may prevent MSM and TG from seeking help or reporting the violence to a health provider. Stigma and discrimination from providers—based on gender, gender identity, and sexual orientation—may decrease access of MSM and transgender people's to HIV counseling, testing, and treatment.

Project Description

An NGO wants to pilot a screening tool to identify GBV among MSM and trans, and identify opportunities to improve access and quality of HIV services for these vulnerable groups. The project chose four sites to pilot the tool: 1) an urban hospital; 2) a peri-urban STI clinic; and 3&4) two urban drop-in VCT centers supported by MSM and TG activist groups: one for MSM and one for transgender people. In the first two sites, providers have little knowledge and offer few services that specifically address the needs of MSM and transgender people, while the two VCT centers tailor their services specifically to the needs of MSM and transgender people, and maintain good relationships with social and activist groups of MSM and TG.

Preliminary qualitative research found that health facilities in general are not traditionally seen as safe spaces for MSM, TG, or sex workers. However, providers in all facilities responded with interest in treating these groups better and learning more about their needs.

The project intends to hold workshops for clinicians to teach them links between GBV and HIV as relevant to MSM and transgender people and train them to implement a screening tool (which was adapted from tools intended to screen women for GBV). The project also wants to hold referral planning sessions among clinicians, community groups, and other service providers but is unsure of whether to include the police in the referral network planning sessions, given that they can be key perpetrators of violence against MSM and transgender people.

After the workshops are conducted, providers will screen approximately 600 MSM and transgender clients in 10 weeks. Screening will be integrated into routine clinical care services and VCT programs in each service setting.

References

This case study was adapted from the following sources.

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