



## STORIES FROM THE FIELD

# Screening Reveals the Role of Violence in Increasing HIV Vulnerability among MSM and Transgenders

**GBV screening tool builds trust between providers and clients, improves patient care.**



A healthcare provider explains the GBV service referral network in Thailand.  
PHOTO CREDIT: P. SAKHUNTHAKSIN.

*“The doctor and nurse took time to talk to me about violence. I feel more self-confident to respond to violence in my life.”*

*—MSM in Thailand*

USAID | Health Policy Initiative, Task Order I  
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Gender-based violence (GBV) is not only an issue for women. Emotional, physical, and sexual violence is often perpetrated against men who have sex with men (MSM), transgenders, and male sex workers as a form of discrimination against their gender identities. Such violence increases their risk for HIV. However, healthcare providers have been slow to address the issue of GBV among MSM and transgenders—either being unaware of their vulnerability to violence or reluctant to delve into these sensitive issues. A new GBV Screening Tool helps healthcare providers identify MSM and transgenders affected by violence so that they can be linked to appropriate counseling and services.

According to a provider in Mexico, the tool helps providers “investigate what we can do. We know more about the legalities. It allows us to identify [violence] as a factor of importance for prevention of STIs and HIV ...”

The USAID | Health Policy Initiative, Task Order I, designed the GBV Screening Tool in collaboration with health sector and community-based partners in Mexico and Thailand—two countries with concentrated HIV epidemics among most at-risk populations, including MSM and transgenders. Over the course of six weeks in 2008, the project pilot tested the tool in two government-run HIV clinical sites in Pattaya City, Thailand (Banglamung Hospital and Pattay Rak Clinic); two community drop-in centers that offer VCT and outreach for MSM and transgenders in Thailand (SISTERS and SWING); and four CAPASITS (HIV & STD Ambulatory Care and Prevention Clinics) in Puerto Vallarta, Mexico, and the state of Mexico. These partners contributed to the design of the tool and received training on its use, as well as related issues, such as stigma and discrimination.

Integrated into HIV services for MSM and transgenders, the pilot of the GBV Screening Tool revealed high levels of violence among these groups. Half of MSM (50%) and 69% of transgenders in Mexico experienced some form of violence; even higher levels were found among MSM (69%) and transgenders (89%) in Thailand. In Mexico, clients identified as being affected by violence were referred to psychosocial support services within the CAPASITS clinics or to human rights groups and existing sexual violence services for women and children. In Thailand, which has stronger MSM and transgender support groups, healthcare providers and the SISTERS and SWING groups established a collaborative referral network to address the physical health and psychosocial support needs of survivors of violence. The social welfare department also formed part of the referral network.

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*“It has given us tools and better knowledge to investigate what we can do. We know more about the legalities. It allows us to identify [violence] as a factor of importance for prevention of STIs and HIV...”*

*—Provider in Mexico*

Ensuring the availability of appropriate GBV services designed specifically for MSM and transgenders who experience violence was a key need identified during the pilot test. Despite this challenge, the pilot led to myriad positive changes in services for MSM and transgenders:

**Increasing awareness by health providers.** Providers in both countries reported the screening process helped them to better understand the social situations that MSM and transgenders face and their increased vulnerability to HIV. Likewise, providers indicated that asking the questions via the screening tool improved communication and trust between themselves and the clients, despite the fact that several initially were hesitant to ask what they perceived to be very private questions.

**Replicating the approach.** The director of the CAPASITS in Tampico requested that health providers working in five clinics throughout the state of Tamaulipas also be trained on issues relating to violence and stigma and discrimination against MSM and transgenders, as well as on how to respond to these issues within health services. As a result, about 75 health providers in Tamaulipas were trained by the team in Mexico.

**Linking providers and community groups.** In Thailand, the major public sector services for MSM and transgenders and drop-in-centers and HIV community outreach programs collaborated in the design of the intervention, jointly participated in trainings, and ultimately referred clients to each other. Moreover, by seeing first hand the violence and related social vulnerabilities that MSM and transgenders face, nurses at Banglamung Hospital have committed to continued collaboration, including facilitating discounted services to clients referred by SISTERS or SWING.

**Achieving policy-level change.** The pilot has also led to a number of noteworthy institution-level policy changes. In Thailand, the one-stop service center (OSCC) for female survivors of violence at Chonburi Hospital has decided, along with the project’s multisectoral working group, to provide GBV services for MSM and transgenders. Since OSCCs also offer services for youth, and many of the MSM and transgenders identified were young people, the OSCC is seen as a safe place for victims to seek services.

In Mexico, the National Center for the Prevention and Control of AIDS (CENSIDA) has developed a manual to sensitize health providers of CAPASITS on homophobia. Completion of the training has been included in the quality assurance standards on which CENSIDA scores CAPASITS. In addition, the CAPASITS in Puerto Vallarta has established a shelter that offers a place to stay and psychosocial support for transgenders who are survivors of violence.

Together, these efforts will help to address an often overlooked aspect of HIV vulnerability for these most at-risk populations and strengthen comprehensive care for MSM and transgenders.