

STICKS AND STONES

Violence in Intimate & Family Relationships of Men who have Sex with Men, Transgender Women and Hijras and its Impact on HIV Vulnerability in India



INTRODUCTION

This policy brief summarizes the impact of intimate partner and family violence on the HIV vulnerability of men who have sex with men (MSM), transgender and hijra community members in India. It calls for an end to the denial and acceptance of emotional, physical, sexual and financial violence experienced by these groups and offers recommendations on how HIV interventions can be strengthened to break the cycle between violence and HIV vulnerability. Recommendations include strategies at individual, community, organizational, legal and policy levels towards violence prevention, protection and mitigation.

BACKGROUND

Violence against MSM, transgender and hijra individuals as a rights concern and as a driver of the HIV epidemic is an understudied topic in India. The Pehchan programme, a Global Fund supported HIV programme that strengthens MSM, transgender and hijra community systems, is one of the first initiatives in the country to take up violence and trauma faced by these populations in a large scale intervention. The service provision, advocacy and research experience of Pehchan across 18 states and 200 community-based organisations (CBOs) clearly shows that sexual orientation, gender identity and sexual behavior-based social and legal stigma induces strong discrimination and severe forms of violence against all sections of MSM, transgender and hijra communities.



With regard to perpetrators of violence, intimate partners (including commercial sexual partners) and family members (including relatives) figure prominently in the Pehchan baseline and midline studies as perpetrators of physical and sexual violence. Hijra gurus (heads of hijras families) are also key perpetrators of physical violence. The other perpetrators include goons/ rowdies, friends, neighbours and the police as well.

Notably, with support from Pehchan, MSM, transgender and hijra CBOs and HIV interventions led by them have undertaken advocacy with the police and health care providers to create an improved enabling environment. However, intimate partners and families (both traditional and non-normative) have not received the same attention. Global evidence indicates that such violence often is co-prevalent with traumatic life events, internalized stigma, depression, and increased risk behaviours for sexually transmitted infections (STIs) and HIV acquisition among MSM and transgender populations. There has been a significant gap in our understanding in India of the violence committed by intimate partners and family members – violence from close and trusted sources that has far reaching impact on the mental and physical health of its victims.

This policy brief elaborates the role of intimate partner and family violence has in increasing the HIV vulnerability of MSM, transgender and hijra communities in India and proposes preventative, protective and mitigatory responses to the co-epidemics of violence and HIV.

RESEARCH METHODS

The information in this policy brief is drawn from a qualitative study commissioned by India HIV/AIDS Alliance (April to July 2014) to cover six urban centres (Bhubaneswar, Chennai, Delhi, Hyderabad, Indore and Lucknow). It was conducted among MSM, transgender and hijra individuals (n=66, age range 18-55 years), their family members, community leaders and stakeholders from mental health, law, STI and HIV interventions, and social security. The study was conducted in the backdrop of momentous legal developments around gender and sexuality, including the Supreme Court judgements on Section 377 of the Indian Penal Code (December 2013) and transgender identities and rights (April 2014).

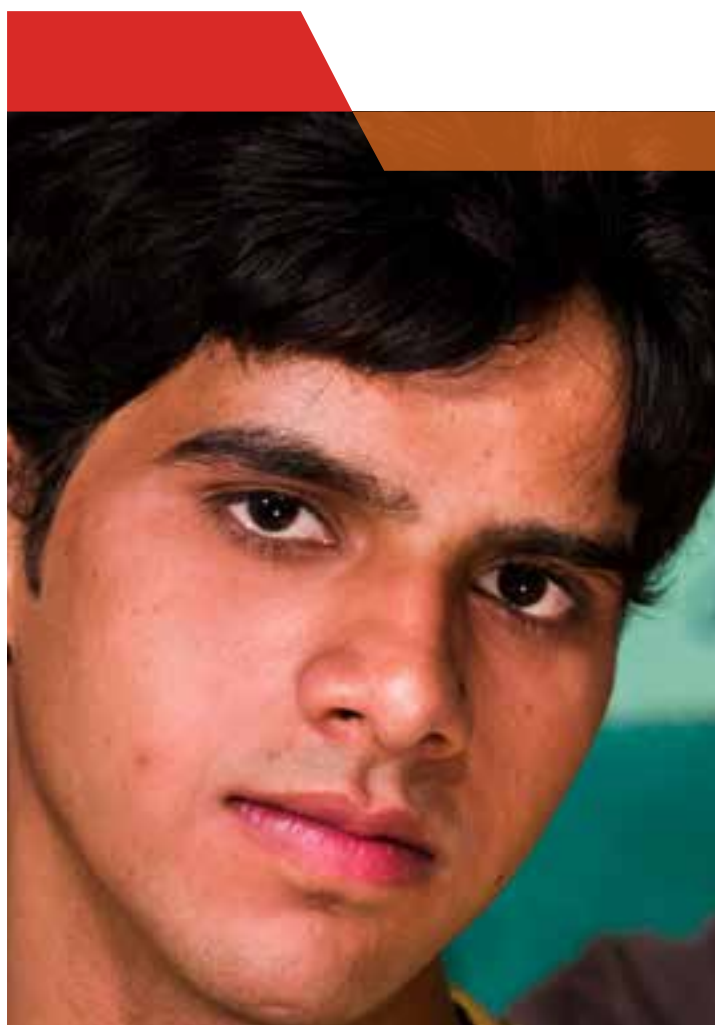
According to the Pehchan baseline (2010-11), of the 2,762 respondents, 349 (13%) reported sexual violence by different perpetrators in the last one year. Similarly, physical violence was reported by 343 or 12% of the total respondents. The project midline study (in late 2012) revealed a similar picture. Of the 601 respondents, 22% reported sexual violence by different perpetrators in the last one year. Physical violence was reported by 21% of the respondents. In both studies, the proportion of transgender and hijra respondents who reported sexual and physical violence was higher than the MSM respondents. These studies recorded also various forms of emotional violence, for example verbal abuse, blackmail and extortion. Though the magnitude of emotional violence was higher among the transgender and hijra sub-sections, HIV positive people, older MSM, married MSM, male sex workers and young MSM were also not spared emotional abuse.

FORMS OF INTIMATE PARTNER VIOLENCE

The obvious manifestations of intimate partner violence are mostly physical (beatings, kicking and slapping), but emotional violence ranges from verbal abuse, derogatory comments, and taunts about lack of reproductive ability to mocking of same-sex or mixed gender-identity relationships. What worsens emotional violence is complete disregard for the sexual needs of transgender and hijra individuals and their commitment to a relationship. Intimate partner violence can also be sexual – in forced and unprotected sex, often a result of blackmail and sometimes in the form of violent group sex. Sexual violence may occur even in childhood, with the trauma lasting into adulthood. Intimate partner violence is closely tied to financial exploitation where the feminine partner is compelled to rely on unprotected commercial sex in order to maintain her partner and the relationship.



Violence committed by the intimate partners of MSM, transgender and hijra persons is intra-community violence – the perpetrator and victim both belong to the same communities. Much of this violence has a gendered flow, from the masculine to the feminine partner. Yet, the masculine partners also face structural violence that compels them to hide their sexual desires and instills homophobia and transphobia in them.



“When we find a new intimate partner, we tend to indulge in sex with him with the promise that both sides will be faithful to each other. So we go all the way and have unprotected sex with the new partner. But many of them do not keep their promise and disclose the relationship to their friends. Their friends then blackmail us into having non-consensual sex with them. This is one of the worst kinds of violence suffered by us. It leads to depression, attempts at suicide, loss of trust, and above all a feeling of losing all: family, friends and love itself.”

– Respondents at a Focus Group Discussion
in Delhi



Intimate partner and family violence are linked. MSM, transgender and hijra individuals often don't report intimate partner violence at home for fear of instigating family disapproval and violence. On the other hand, relentless family violence motivates individuals to seek love and solace in intimate relationships and hang on to them at all costs, even if it means enduring abuse.

FORMS OF FAMILY VIOLENCE

The perpetrators of family violence include not just parents, but also siblings and other relatives in the extended family. Beatings, heckling, verbal abuse, communication breakdown, forced confinement, denial of food, isolation from family functions, compulsory marriage, eviction from home and property denial are accompanied with emotional neglect and blackmail, including parents threatening to commit suicide. Sexual violence in the form of child sexual abuse (incest) is part of family violence, an issue neglected by civil society and government alike. Eviction from home is a reality in hijra families as well, which also has a patriarchal control structure and individuals who lose favour of the guru often lose their place in the hijra family. Financial exploitation is also common to both traditional and hijra family settings.

REASONS FOR VIOLENCE

Hetero-patriarchal domination of anyone “not male and heterosexual” results in several interrelated reasons of violence like prejudice, ignorance, phobia, stigma (including self-stigma), rigid family expectations for children based on gender assigned at birth, gender-based inequality in intimate relationships, and stigma around HIV. Another important trigger for family violence is MSM and transgender people dropping out of educational institutions when they do not find protection against stigma and bullying from teachers and students. Systemic gaps like the absence of strong legal deterrents, either in terms of unbiased and supportive laws or sensitive policing systems, perpetuate both intimate partner and family violence.



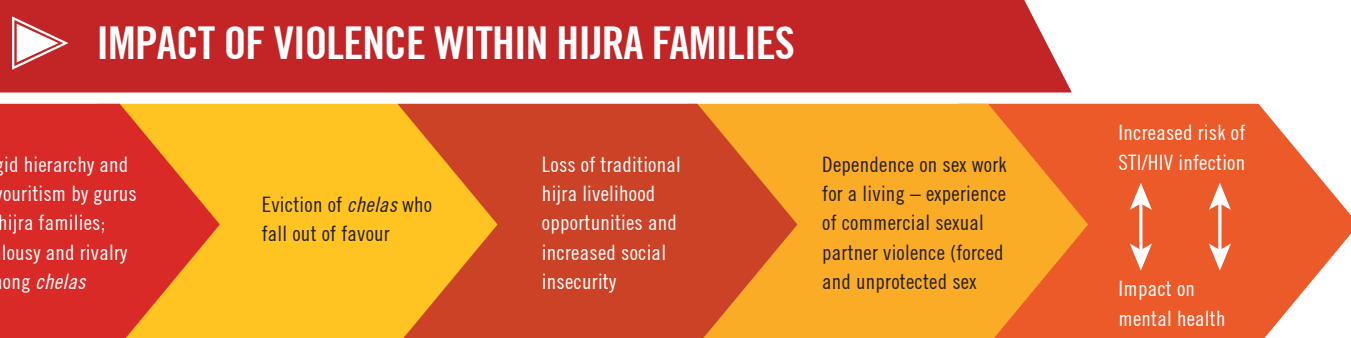
“The majority of family violence is committed by relatives and siblings. Among parents, it is the mother who is more supportive. But siblings pass taunts and complain that their friends often remark: ‘How could such a person be born in your family!’ Even if our families are supportive, relatives and larger community pressurize them against us!”

– Respondents at a Focus Group Discussion of transgender and hijra sex workers

IMPACT OF VIOLENCE

The most typical pathway of impact for intimate partner violence starts with hetero-patriarchal and hetero-normative sanctions, such as against femininity in males and against same-sex or mixed gender identity relationships. This leads to inequality in intimate relationships – usually to the feminine partner’s disadvantage. The emotional, sexual and financial burden to keep the relationship going falls on this partner who has to tolerate physical and sexual abuse from the masculine partner who often may have multiple sexual partners. The feminine partner may also have to rely on exploitative sex work to earn money for survival and to maintain the partner. Such unrelenting abuse impacts the feminine partner’s mental health and also increases risk for STI and HIV infections. Then again poor mental health and unsafe sex feed into each other.

The most typical family violence pathway also starts with hetero-patriarchal sanctions against non-normative sexual orientations, gender identities, sexual behaviours and sexual/romantic relationships. If family expectations around marriage and social status are not met, violence follows, resulting in loss of education, shelter and sense of security. This seems to lead to dependence on abusive intimate relationships, multiple sexual partners, exploitative sex work, substance abuse and unprotected sex. Once again, the end result is poor mental health and STI/HIV exposure. A graphic representation of the impact pathway of hijra family violence is presented below.



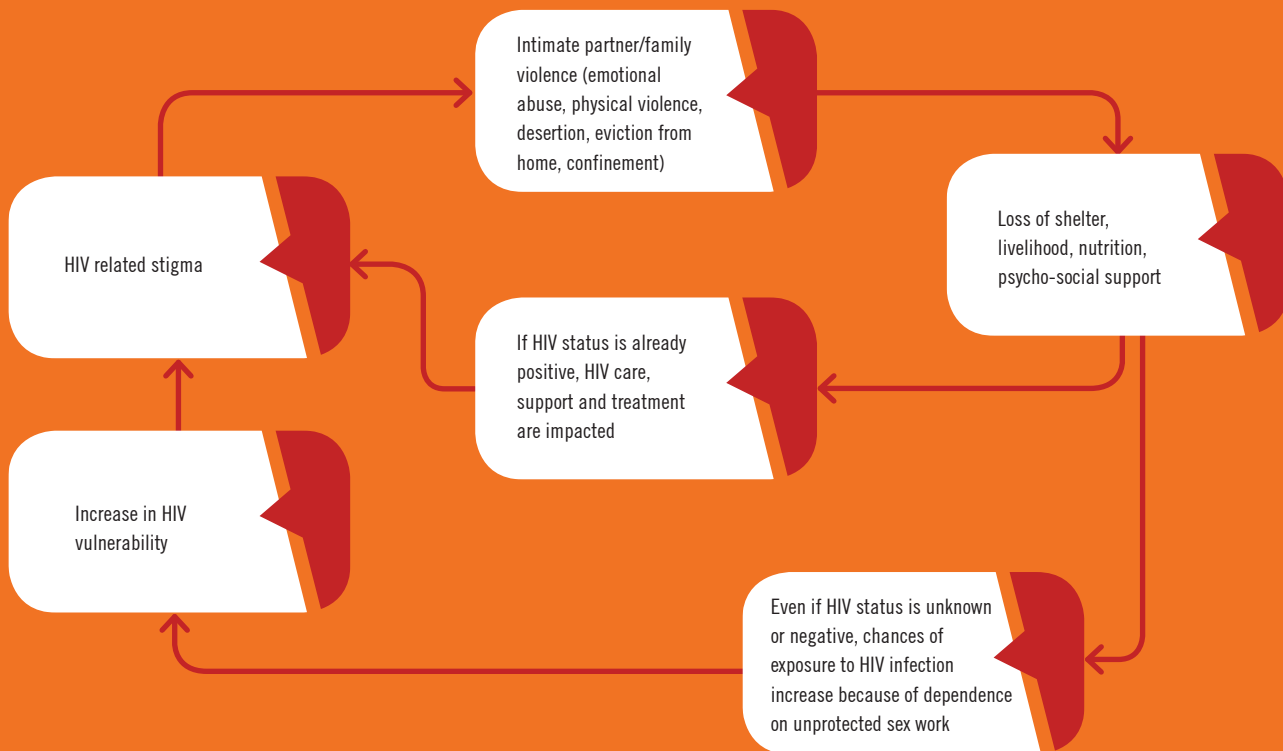
VIOLENCE AND HIV VULNERABILITY CYCLE

This is a two-fold phenomenon where HIV-related stigma contributes to intimate partner or family violence, which leads to loss of shelter, livelihood, nutrition and psycho-social support. If an individual is HIV-positive, their care, support and treatment are affected. Even if HIV status is unknown or negative, chances of exposure to HIV increase because of dependence on unprotected sex work for survival. Conversely, intimate partner violence through forced and unprotected sex or family violence leading to depression, substance abuse and unprotected sex with multiple partners may lead to HIV exposure. Thereafter, once again, actual or perceived HIV status leads to intimate partner and family violence. This vicious cycle must be broken through strategic preventive, protective and mitigatory steps against both violence and HIV vulnerability. Illustrative HIV violence cycle (loop one and loop two) are shown on the following page describing the dynamics between violence and HIV vulnerability.

HIV VIOLENCE CYCLE: LOOP ONE



HIV VIOLENCE CYCLE: LOOP TWO



KEY RECOMMENDATIONS FOR HIV INTERVENTIONS

MSM, transgender and hijra community peers and leaders (including hijra gurus), CBOs, nongovernmental organisations, healthcare providers and other stakeholders from the legal, social welfare, education, media and government sectors all need to play a complementary role in strengthening HIV interventions to tackle violence and trauma. Greater allocation of financial resources, strong advocacy action, skills building and systematic monitoring and evaluation of anti-violence measures should form the backbone of the strengthening process.

- *Prevention Measures:* Include community education on gender, sexuality and human rights, provision of emotional first aid to victims of violence by community peers and encouraging the victims to access relationship and family counselling services, dedicated helplines on violence and trauma, gender and sexuality education in educational institutions, and consistent advocacy to bring about a positive transformation in the media portrayal of MSM, transgender and hijra communities. Prevention measures at all levels should discourage normalization of violence and victim blaming.
- *Protection Measures:* Should focus on advocacy for legal reforms (including repeal of punitive laws against MSM, transgender and hijra communities), ensuring widespread legal aid availability from trained and sensitized lawyers, facilitating legal literacy and strengthening the Crisis Response Teams (CRTs) in targeted interventions for HIV prevention. CRTs must undertake consistent advocacy with the police, build on existing goodwill with them, and sensitize them to avoid victim blaming and instead respond effectively to intimate partner and family violence.
- *Mitigation Measures:* Must start with counselling to deal with post-traumatic stress disorder, depression and suicidal tendencies along with “counselling-plus” that addresses a range of immediate and long-term needs around emergency medical aid, STI/HIV testing and treatment, short-term shelter options, and different forms of therapy for emotional and physical healing. Ensuring swift clarification and implementation of the Supreme Court judgment on transgender identities and rights can be a major step towards mitigation of frequent injustices experienced by transgender and hijra communities. This may well help equip them with emotional and financial independence needed to gain equitable footing and prevent violence.

Finally, the design and budgets of HIV interventions must include a range of measures to boldly address intimate partner, family and other forms of violence. HIV interventions need to reinvent themselves as sensitive and effective public health and social justice interventions.



“Community leaders should encourage new role models of women – not the marginalized, sexually exploited, trampled upon women (like Meena Kumari in “Pakeezah” or Rekha in “Umrao Jaan”), but women who are courageous like mountaineer Bachhendri Pal and Jhansi Ki Rani – even if they are not “beautiful.” This warped notion of femininity needs to change.”

– A respondent during an in-depth interview

A relatively new area for HIV interventions to deal with is the impact of child sexual abuse faced by MSM, transgender and hijra individuals. Since by the time they access HIV interventions most of them are into adulthood, it may be tempting to dismiss child sexual abuse as not a priority for HIV interventions. But child sexual abuse can have both immediate and long-term mental and physical health impact. Impacts can be identified in sexual and other risk behaviours and HIV vulnerability even in adulthood. So HIV interventions can have a role to play in the mitigation of the impact of child sexual abuse through counselling or other healing and therapeutic measures.



ABOUT PEHCHAN

With support from the Global Fund, Pehchan builds the capacity of 200 community-based organisations (CBOs) for MSM, transgenders and hijras across 18 states of India to be more effective partners in the government's HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan, which in Hindi means identity, recognition or acknowledgement, the programme is implemented by India HIV/AIDS Alliance in consortium with the Humsafar Trust, Pehchan North Region Office, SAATHII, Sangama, SIAAP, and Alliance India Andhra Pradesh. The programme intends reach more than 450,000 MSM, transgenders and hijras by the end of 2015. It remains the Global Fund's largest single-country grant to date focused on an HIV response among vulnerable sexual and gender minorities.

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