

Sexual Violence against Men Who Have Sex with Men (MSM) in India: Intersections with HIV

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1. BACKGROUND

Violence against MSM in India is a largely hidden epidemic. Available studies demonstrate that a significant proportion of self-identified MSM face violence.

Ex: More than one-third (40.5%) of MSM recruited from cruising sites in Chennai reported forced sex in the past year and one-third (35.0%) reported daily/weekly harassment. (Newman et al., 2008)

Sexual violence and harassment against MSM, MSM in sex work and peer outreach workers by goons and police in Chennai and other cities have been reported (Chakrapani et al., 2007; HRW, 2002; Safren et al., 2006)

This study:

- Demonstrates the interconnections between HIV and sexual violence
- Discusses the existing sexual violence prevention strategies and support services for victims of sexual violence, and
- Put forwards action points to mitigate the impact of the syndemic.

2. METHODOLOGY

Combination of qualitative field research and literature review

Qualitative component

- 57 focus groups with MSM (n=364) in 11 sites in 7 states
- 37 key-informant interviews
- Transcribed data were explored using framework analysis and grounded theory approach

Literature review

- Multiple data sources were used
- Peer-reviewed academic articles
- Data and reports from NACO and other agencies

Sociodemographic Characteristics

FGD participants (n=364)

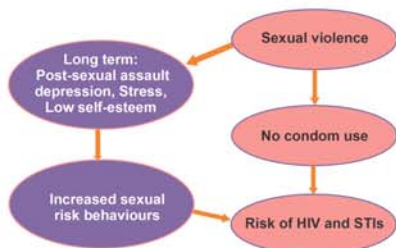
- Mean age = 30 years; Range = 18 to 67 years
- Self-reported identities included kothi (68%), double-decker/dupli (17%), bisexual (10%), and parikh/panthi (5%)
- One-third (33%; n=119) have studied between 6th and 10th grade
- Nearly half (46%; n=166) were married

Key informants (n=37)

- Key informants include Officials of State AIDS Control Society (SACS), Technical Support Unit of SACS, and NACO; NGO/CBO/Network leaders; and Health care providers

3. FINDINGS OF LITERATURE REVIEW AND RESEARCH

A. Sexual violence has direct and indirect risks of HIV to MSM, and has long-term mental health consequences



B. MSM experience multiple forms of violence in various settings by diverse perpetrators

Available studies in India have primarily documented violence against kothis, especially those in sex work, besides the documentation of violence against hijras/TG.

- Sexual violence by diverse perpetrators
- Physical Violence (Hate-motivated attacks due to homophobia or effeminophobia)
- Blackmailing, Extortion of money and items
- Verbal Abuse

C. Several barriers exist to report sexual violence

D. Current responses to prevention of sexual violence and services for victims of sexual violence

Crisis management teams in CBOs/NGOs that implement TIs are reported to be helpful to deal with issues such as blackmailing and extortion of money by police, goons or 'cheaters'

Proactive strategies to prevent violence against MSM, in general, are primarily limited to NGOs, CBOs or SACS organizing sensitization training programs for police officials and lawyers.

Usually accompany victims to hospitals, and assist them in filing cases (Many victims do not want to file cases)

Taking sexual post-exposure antiretroviral prophylaxis (sPEP) within 72 hours can reduce the chances of acquiring HIV. None of the study participants knew about sPEP. Currently, no guidelines on whether and how to provide sPEP in government hospitals.

Lack of counselling expertise on sexual violence against men among the healthcare providers (including counsellors in emergency or psychiatric department) means that no appropriate immediate or long-term follow-up mental health counselling for victims of sexual violence.

4. RECOMMENDATIONS

A. Prevention of sexual violence

A-1. Steps that can be taken through NGOs/CBOs implementing TIs and future non-hotspot-based interventions

- Violence prevention and mitigation education for MSM
- Advocacy meetings with police at all levels

Violence prevention and mitigation education for MSM

Educating MSM about:

- how to avoid or how to get oneself out of the situations that lead to sexual violence
- current legal status of consensual and non-consensual adult same-sex relationships (Section-377 of the Indian Penal Code)
- legal rights if MSM or MSM in sex work are arrested or if they want to file a case in relation to sexual assault; and
- medical services including sPEP for victims of sexual violence.

Education can happen through face-to-face meetings, or through cell phone-based or internet-based educational interventions. Appropriate educational materials need to be prepared and provided.

A-2. Creating an enabling environment to prevent violence and to report violence

- Awareness-raising among MSM communities (including online)
- Training for police, lawyers, and healthcare providers
- Promote a culture of intolerance to violence - among the general public.

Training for police, lawyers, and healthcare providers

SACS can take lead in conducting training programmes for police, lawyers, and healthcare providers to:

- 1 promote understanding and acceptance of the rights of sexual minorities
- 2 adapt sensitive procedures in handling male victims of sexual violence (such as anonymous case filing and fast-track justice system), and
- 3 provide appropriate and sensitive medical and psychological care.

B. Services for victims of sexual violence

B-1. Services through TIs

- **Immediate medical referrals:** If a male sexual violence victim reports to CBO/NGO, then with his consent he needs to be accompanied to the nearby hospital where his immediate medical and physical needs are attended to (e.g., anal trauma).
- **Linking with legal support:** NGOs/CBOs need to be trained on procedures in filing a case of sexual assault against men. Also, they can facilitate getting legal support for the victims. (Note: In the TI budget, money to hire a lawyer can be allocated).
- **Immediate and long-term mental health counselling support**

B-2. Prepare and enforce guidelines for medical and counselling services for male victims of sexual violence in the government hospitals

(Training, Availability of Sexual Post-exposure ARV prophylaxis - sPEP)

B-3. Free legal aid services

(Legal aid cells, Sensitive lawyers)

SUMMARY