Gender-Based Violence, HIV, and Key Populations in Latin America and the Caribbean:

Haiti Country Report

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Contents

Acknowledgments ... 1
Acronyms and Abbreviations ... 3
Executive Summary ... 4
Background and Rationale ... 6
Partners ... 8
Study Goals ... 10
Methods ... 10
Results ... 14
Street/Public Settings ... 16
Partners ... 17
Educational Settings ... 18
Sex Work ... 18
Before the Age of 18 ... 20
Religious Settings ... 21
Health Care ... 22
Police and Judicial Systems ... 23
Economic Settings ... 25
Other Work ... 26
Other State Institutions ... 27
Sharing Experiences and Seeking Services ... 28
Impact of Violence ... 28
HIV Risk ... 29
Participant Perspectives on Ending Violence ... 29
Summary and Discussion ... 31
References ... 35

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Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
FSW	Female sex worker
GBV	Gender-based violence
HIV	Human immunodeficiency virus
KP	Key population
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MSM	Men who have sex with men
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
REDLACTRANS	Latin American and Caribbean Network of Transgender People
RedTraSex	Latin American and Caribbean Network of Female Sex Workers
STI	Sexually transmitted infection
SDG	Sustainable development goal
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development

Executive Summary

Men who have sex with men (MSM), female sex workers (FSWs), and transgender women, together called key populations (KPs), often face gender-based violence (GBV) due to the perception that they do not conform to traditional gender roles. Additionally, KP members face elevated risk of HIV, and GBV is a known risk factor for HIV. However, little is known about KPs' experiences of GBV. Understanding their experiences of violence in various settings is important for improving HIV services for them. The U.S. Agency for International Development (USAID)- and U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-supported Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, United Nations Development Programme (UNDP), the University of the West Indies HIV/AIDS Response Project, and local civil society organizations collaborated to generate evidence on the nature of violence experienced by MSM, FSWs, and transgender women; inform HIV and GBV programming to prevent and respond to violence experienced by KPs; and empower members of KPs to conduct and interpret research.

The study took place in Trinidad and Tobago, Barbados, El Salvador, and Haiti; this report details results from Haiti, results from the overall study and other countries are available elsewhere. In Haiti, qualitative, semi-structured interviews were conducted with 178 individuals: 45 MSM, 89 FSWs (52 brothel-based and 37 street-based), and 44 transgender women. Peer data collectors conducted interviews in Port-au-Prince, Ouanaminthe, and Jacmel, Haiti. A regional technical advisory group identified contexts where violence was potentially perpetrated to be covered in the interviews; these included health care, sex work, from police, from the judicial or prison systems, on the street and in other public spaces, from intimate partners (MSM and transgender women only), in other state institutions, before the age of 18 (MSM and transgender women only), and in economic, religious, educational, and other workplace settings. A thematic analysis was conducted, and interpretation meetings were held to validate findings.

Violence was common among all groups in all settings. The most common settings where participants reported experiencing violence were: from intimate partners, during sex work, on the street and other public spaces, before the age of 18, and in health care facilities. Nearly all participants reported experiencing violence in any setting. Participants reported experiencing emotional, physical, sexual, and economic violence as well as other human rights violations. Negative mental and emotional effects of GBV such as feeling judged, humiliated, or depressed were common as was anxiety and a reduction in confidence. Some participants reported altering their behavior or movement to avoid violence. Following experiences of violence, participants commonly shared their experiences with friends and family, however, few participants described seeking services such as legal assistance, health care, or counseling.

While most participants reported wanting health care providers to ask them about their experiences of violence in a respectful and appropriate manner, few reported providers actually asked. Most participants did not recognize a connection between violence and HIV risk.

GBV disrupted access to essential rights such as health care, police support, and being able to move safely in public spaces. HIV risk was underestimated. Information on the impact of stigma, its effect on mental health and well-being, and limitations in access to state services should be addressed to reduce HIV risk. Additionally, services for GBV and HIV should be better linked, as neither clients nor providers seemed fully aware that these issues are intertwined. KP members want acceptable services—those that are respectful, appropriate, and private. Negative experiences within the health care system including direct experiences of GBV and failure to address violence are likely to negatively influence uptake of HIV prevention, care, and treatment services. Ensuring nondiscriminatory services, asking about violence, and providing or linking individuals to violence services could help address violence experienced by KPs, increase uptake of HIV services, and improve their quality of life.

Background and Rationale

FSWs, MSM, and transgender women, collectively called KPs most at risk for HIV, are among the groups most highly affected by the HIV epidemic globally.[1-3] While HIV prevalence among the adult population in the Caribbean is 1.1 percent, the prevalence is much higher among KPs.[4] UNAIDS estimates the HIV prevalence rate in the general adult population in Haiti as 2.1 percent.[5] Data on KP groups is limited, however, the prevalence among MSM is estimated at 18.2 percent and prevalence among FSWs at 8.4 percent.[5]

While biological and behavioral factors contribute to their vulnerability to HIV, KP members around the world also face violence (see Box 1 for use of term "violence" vs. "gender-based violence"), which poses serious barriers to their ability to access high-quality health care and other essential services. While it is known that these groups face high levels of violence,[1-3, 9, 10] including murder, until recently, data on the relationship between violence and HIV among FSWs, MSM, and transgender women have been limited. There is now a growing body of research identifying forms of violence against KPs and the association between violence and HIV risks such as multiple sex partners, coerced sex, substance use, unprotected sex, poor access to health services, and mental health issues such as suicidal behaviors, depression, and social isolation.[10-21] In addition to increased HIV risk, violence is a barrier to enrollment and adherence to antiretroviral treatment among KPs.[22-25] Evidence also demonstrates that violence from health care providers keeps

Box 1. Violence vs. gender-based violence (GBV)

The term GBV refers to "any form of violence that is directed at an individual based on biological sex, gender identity (e.g., being transgender), or behaviors that are not in line with social expectations of what it means to be a man or women, boy or girl (e.g., MSM and FSWs)."[6] GBV is generally assumed to be directed at cisgender women and girls; however, when the definition is expanded to include KP members of all genders, the root cause of much of the violence against KPs is revealed. For example, violence is often directed at MSM and transgender women because they are perceived as departing from norms that dictate gender expression and sexual behavior for men.[7-8] Additionally, most violence against FSWs is a result of norms regarding both occupation and "acceptable" sexual behavior for women. Because the violence faced by FSWs, MSM, and transgender women is caused by rigid gender norms, it can be considered a form of GBV. However, the term "GBV" does not always resonate with all individuals who experience violence. This report uses the term "violence" to refer to all forms of GBV (emotional, physical, sexual, economic, and other human rights violations) experienced by KPs.

Box 2. Gender equity, human rights, and HIV prevention

Violence is a major barrier to KP members' access to HIV-related services, and it must be addressed to improve their HIV-related outcomes and overall well-being. Violence faced by FSWs, MSM, and transgender women demands attention from those with a public commitment to gender equality and human rights as well as those concerned with health inequities such as HIV burden. Broadening our understanding of gender can also help to build coalitions among groups working to increase gender equality, those working to improve human rights, and those addressing HIV prevention, care, and treatment as these groups often share a common concern about violence.

FSWs, MSM, and transgender clients from accessing HIV-related services,[11, 7, 26-29] and peer educators have identified violence as their biggest barrier in HIV outreach.[26]

While we know the experience of violence among FSWs, MSM, and transgender women is common, data are limited regarding where violence occurs, who perpetrates violence, what the consequences of violence are, what KP members do after they experience violence (including whether and to whom they disclose cases of violence and which services they access), and KP members' perspectives on how HIV programs can prevent and respond to violence.

Understanding these factors is central to developing HIV policies and programs that are more effective and responsive to the needs of KPs, which is necessary to control the HIV epidemic and realize KPs' human rights. Thus, this study sought to generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women and to inform HIV service delivery policies and programming in Latin America and the Caribbean—El Salvador, Trinidad and Tobago, Barbados, and Haiti—by addressing violence prevention and making policy more responsive to the needs of KP members who are victims of violence. This study also aimed to build the capacity of KP members to conduct and translate research to support their own advocacy and programming efforts. This report presents findings and recommendations specific to Haiti, and it is one in a series of country reports on violence, KPs, and HIV in Latin America and the Caribbean.

Partners

This activity has two key partners in Haiti. The first is the LINKAGES project, a five-year cooperative agreement supported by PEPFAR and USAID and implemented by FHI 360. The second is the HIV, Health, and Development group of UNDP, which addresses the intersections between governance, human rights, and health responses. Additionally, LINKAGES and UNDP worked with local civil society partners that provide services to KP members—Facdis, Fosref, ORAH, FEBS, Serovie, GHESKIO, and Kouraj—to recruit peer data collectors, assist peer data collectors in recruiting participants, and provide private spaces for peer data collectors to conduct interviews.

Regional and national advisory groups—which included civil society organizations, United Nations agencies, USAID, government representatives, and the study team—were formed to facilitate collaboration with regional and national actors and ensure they could function as key partners for translating study results into action. The Regional Technical Advisory Group, which guided the technical content of the research, and the National Working Group interpreted and prioritized results, identified strategies to disseminate results, and identified actions to translate the results into programmatic policy. Boxes 3 and 4 list participants in each group.

Box 3. Regional Technical Advisory Group members

- Caribbean Sex Worker Coalition
- Caribbean Vulnerable Communities Coalition (CVC)
- Center for Integral Orientation and Investigation (COIN)
- Central American Network of People living with HIV (REDCA +)
- Coalition Advocating for Inclusion of Sexual Orientation (CAISO)
- Groundation Grenada
- Latin American and Caribbean Network of Female Sex Workers (RedTraSex)
- Latin American and Caribbean Network of Transgender People (REDLACTRANS)
- LINKAGES
- Social Action Mission
- UNAIDS
- UNDP

Box 4. National Working Group members

- USAID
- UN Agencies and development partners including UNDP, UNAIDS, and UNWomen
- KP networks and organizations:
  - Action Citoyenne pour l'Abolition de la Torture (ACAT)
  - Association Nationale de Protection des Femmes et Enfants Haitiens (ANAPFEH)
  - ENFOFANM
  - Femmes en Action Contre la Stigmatisation et la Discrimination Sexuelle (FACSDIS)
  - Gran Lakou
  - Kouraj
  - ORAH (Organization Arc-en-ciel d'Haiti)
  - SEROvie
  - Solidarité Fanm Ayisyen (SOFA)

    - UPLCDS (Union des Personnes Luttant Contre la Discrimination et la Stigmatisation)
- Health care providers and implementing organizations:
    - GHESKIO
    - Zanmi Lasante (ZL)
    - Promoteurs de l'Objectif Zerosida (POZ)
    - Fondation Esther Boucicault Stanislaus (FEBS)
    - Fondation pour la Santé Reproductrice et l'Education Familiale (FOSREF)
    - Futures Group/HPP AKSE
    - OHMASS
- Governmental entities:
    - Government of Haiti
    - Ministère de la Santé Publique et de la Population (MSPP)
    - Ministère à la Condition Féminine et aux Droits des Femmes (MCFDF)
    - Ministère des Affaires Sociales et du Travail (MAST)
    - Office Protecteur du Citoyen (OPC)
    - Bureau d'Ethnologie
- Local academic institutions

Study Goals

This study had five goals:

1. Generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women
2. Explore the connections between violence, HIV risk, and KP members' service-seeking behaviors
3. Inform GBV service delivery programming, including the design and evaluation of interventions to prevent and respond to violence experienced by KPs
4. Empower KPs to conduct and interpret research
5. Strengthen partnerships among various stakeholders to promote a comprehensive response to violence among KPs

Methods

This study built on the highly participatory methodology and lessons learned from *The Right(s) Evidence: Sex Work, Violence and HIV in Asia,*[30] a qualitative study implemented by UNDP, UNFPA, The Asia Pacific Network of Sex Workers, and Sangram in four Asian countries. Evidence was collected on female, male, and transgender sex workers' experiences of violence; the factors that increased or decreased their vulnerability to violence; and the ways that violence related to risk of HIV transmission. This study adapted guiding principles from *The Right(s) Evidence* (see Figure 1). Evidence was collected from FSWs, MSM, and transgender women in San Salvador, El Salvador; Port of Spain and environs, Trinidad and Tobago; Bridgetown and environs, Barbados; and Ouanaminthe, Jacmel, and Port Au Prince, Haiti, between May and September 2016. FSWs, MSM, and transgender women were included as study populations because each group faces significant risk of violence and because HIV services are often provided together through integrated services for KPs in Latin American and the Caribbean. Two criteria were used to identify study locations: (1) the presence of local KP networks and (2) interest in addressing violence among KP groups from the government, civil society, United Nations, and USAID headquarters and country missions. The selection was independent of where LINKAGES implements programs.

Figure 1. Guiding principles of the study – adapted from *The Right(s) Evidence*

In line with the guiding principles, KP members were actively engaged throughout the research process through the regional technical advisory group and the national working group, including designing the study and data collection tools, selecting study sites, recruiting participants, conducting interviews, and interpreting and prioritizing results. For example, FSW representatives in the regional technical advisory group said they did not want to ask about experiences of violence perpetrated by a partner or occurring before the age of 18 because their focus was reporting and addressing violence in occupational and institutional spaces. On the other hand, transgender women and MSM representatives felt that these contexts were important to explore in interviews. The direct involvement of KPs was not only crucial for achieving the study goal of empowering KPs to conduct research but also for increasing the quality and reliability of the data, ensuring the study was responsive to KPs' interests and needs, and ensuring KP groups are involved in the development of evidence-based violence and HIV prevention and response programs and policies.

In Haiti, 178 qualitative, semi-structured interviews were conducted: 45 with MSM, 89 with FSWs (52 brothel-based and 37 street-based), and 44 with transgender women. Transgender and MSM participants included both those who engaged in sex work and those who did not. These sample sizes were based on previous research on the number of interviews necessary to

reach qualitative data saturation (i.e., the point at which no new information or themes are observed in the data collected).[31] The three study sites in Haiti were: Port-au-Prince, the capital and largest city in the country; Jacmel, a port town with a tourist-focused economy and a mobile population; and Ouanaminthe, a small town on the border with the Dominican Republic with a large migrant population.

All interviews were conducted by peer data collectors recruited from local civil society partners and supervised by the local researcher. All data collectors were self-identified members of one of the study populations and demonstrated organizational skills, ability to follow study procedures, strong interpersonal communication skills, and willingness to obtain a research ethics training certificate. Data collectors were trained in qualitative research, interviewing skills, study procedures, and research ethics, and were supervised by local researchers. Study participants were recruited by peer data collectors directly from civil society organizations' offices where FSWs, MSM, and transgender women in Port-au-Prince, Ouanaminthe, and Jacmel areas obtain services. All participants were 18 years of age or older and were either (1) cisgender women who reported selling sex; (2) cisgender men who reported having sex with other men; (3) transgender women who either self-identified as transgender or, in responding to a two-question participant eligibility questionnaire[32] noted that they were assigned male sex at birth and now identified as women. Individuals currently being detained by the police or awaiting trial were not eligible for participation. Members of KPs who worked on HIV-related interventions or conducted peer outreach activities with KPs were also excluded from the study, as they were likely to be more informed and empowered than other members of their KP group.

Semi-structured interview guides were used to conduct interviews. Based on discussion with the regional technical advisory group the following contexts where violence was potentially perpetrated were covered in the interviews: (1) health care, (2) sex work, (3) from police, (4) from the judicial or correctional systems, (5) on the street and in other public spaces, (6) from intimate partners (MSM and transgender women only), (7) in other state institutions, (8) before the age of 18 (MSM and transgender women only), and in (9) economic, (10) religious, (11) educational, and (12) other workplace settings. The interview guide included closed-ended questions to identify the types and frequency of violence experienced by participants in each of the 12 contexts. Participants who reported experiencing violence were then asked in-depth qualitative questions about that experience. Additional qualitative questions explored participants' experiences with health services and organizations promoting human rights and prevention of violence. The study guides were informed by existing research on violence experienced by FSWs, MSM, and transgender women and developed in conjunction with the study's regional technical advisory group and member organizations of the LINKAGES Advisory Board. The guides were reviewed by and piloted with individuals from MPact Global Action for Gay Men's Health and Rights, the Global Network of Sex Work Projects, and the Innovative Response Globally for Trans Women and HIV, and KP members in each country. After the pilot, the guides were further revised to improve clarity, relevance, and order of the questions.

Experiences of violence were categorized as one of five types: emotional, physical, sexual, economic, and other human rights violations. These are collectively referred to as violence in this report. The types of violence including examples, found in Box 5, are drawn from global guidance on addressing violence faced by KPs. [33-34]

A qualitative codebook including deductive codes generated from the data collection instruments and inductive codes emerging from the data was developed, and qualitative results from open-ended sections of interviews were coded using a structural matrix. Memos summarizing themes, including supporting quotes, were created and analyzed to address the research questions. We conducted a quantitative analysis to quantify the most common contexts and types of violence that participants experienced. Responses to closed-ended questions were entered using EpiData data entry software[35] with double data entry for accuracy, exported to STATA,[36] and analyzed descriptively by KP group to produce means and frequencies of responses to questions on demographics and on experiences of violence. Additional descriptive analyses aggregated participants' responses on experiences in each context and by type of violence to produce overall counts by context and by type. An interpretation meeting—of peer data collectors, study participants, and representatives from the national working group—was held to review the data, ensure accuracy in the interpretation, prioritize results, and discuss dissemination plans including optimal format.

Box 5. Types of violence

Emotional: Psychological and verbal abuse; humiliation; threats of physical or sexual violence or any other harm to an individual or those they care about, including threatening to take custody of an individual's children; coercion; controlling behaviors; calling names; verbal insults; confining someone or isolating him/her from friends/family; repeated shouting; intimidating words/gestures; destroying possessions; blaming; isolating; bullying

Physical: Hitting; pushing; kicking; choking; spitting; pinching; punching; poking, slapping; biting; shaking; pulling hair; throwing objects; dragging someone; beating someone up; deliberately burning someone; using a weapon; kidnapping; holding against will; physically restraining; depriving of sleep by force; forcing someone to consume drugs or alcohol; police subjecting someone to invasive body searches/forcing someone to strip; poisoning; killing

Sexual: Rape; gang rape; physically forcing, coercing, psychologically intimidating or socially or economically pressuring someone to engage in any sexual activity against their will (undesired touching, oral, anal, or vaginal penetration with penis or with an object); refusal to wear a condom; genital cutting/mutilation

Economic: Use of money or resources to control an individual; blackmailing; refusing someone's right to work; taking earnings; refusing to pay money that is earned/due, including clients refusing to pay; withholding resources as punishment

Other human rights violations: Denying or refusing food or other basic necessities; police arbitrarily stopping, detaining, or incarcerating people in police stations, detention centers, and rehabilitation centers without due process; arresting or threatening to arrest people for carrying condoms; taking condoms away; refusing or denying health care or other services; subjecting someone to coercive health procedures such as forced STI and HIV testing, sterilization, abortions; early or forced marriage

The study received ethical approval from the FHI 360 Protection of Human Subjects Committee and the Ministere de la Publique et de la Population Comite Nationale de Bioethique. All participants provided oral informed consent prior to their interviews, and all interviews were

audio recorded and transcribed in Kreyol then translated into English for analysis. The audio recordings and interview transcripts were identified by archival numbers and were not linked to participant names or identifying information.

To protect privacy and confidentiality, all interviews were conducted in a private space where participants had visual and aural privacy. Identifying information was collected by study staff only to schedule interviews and invite participants to data interpretation and dissemination events. Identifying information was not written on documents related to the study, and it was kept separate from interview transcripts, notes, and audio recordings; held in strictest confidence; and destroyed after data interpretation and dissemination. All study staff were trained in research ethics and study procedures to ensure the confidentiality of participants.

Results

Table 1. Participant demographics

	FSW (n=89) % or mean	MSM (n=45) % or mean	TGW (n=44} % or mean	All KP groups (n=178) % or mean
Age (years)	28.7	24.6	28.0	27.6
Highest education level				
None	10.2	0.0	2.3	5.7
Primary	25.0	11.1	14.0	18.8
Secondary	64.8	73.3	76.7	69.9
University or technical	0.0	15.6	7.0	5.7
Has paid employment	69.0	33.3	39.5	52.6

There were 178 participants (89 FSWs, 45 MSM, 44 transgender women) across all study sites (see Table 1). The mean age was 27.6 years with MSM being slightly younger (24.6) and FSWs older (28.7). Most participants reported having completed secondary school (69.9 percent) with 76.7 percent transgender women, 73.3 percent MSM, and 64.8 percent FSWs reporting having secondary education. Overall, 52.6 percent reported having paid employment; this proportion was highest among FSWs at 69.0 percent compared to 39.5 percent transgender women and 33.3 percent MSM.

Qualitative study results provide insight into individual experiences, including why individuals think, feel, and believe what they do; the results presented here cannot be used to generalize to each population within Haiti or the region. All numbers presented refer specifically to those individuals in the study. Across all study populations, the experience of violence in any settings was nearly universal with all transgender women reporting violence, and 97.8 percent MSM and 96.6 percent FSWs reporting violence in at least one setting. The most common types of violence reported by over 80 percent participants in all groups were those perpetrated by partners, in sex work settings, before the age of 18, on the street or other public spaces, and in health care settings (see Table 2). Most types of violence were experienced by over half of the

participants with less than half reporting violence in only two settings: state institutions and judicial settings. Notably, a lower proportion of FSWs reported experiencing violence or discrimination in any context than MSM and transgender women in all settings except during sex work, economic transactions, other work, and judicial settings. The number and percentage of participants who reported experiencing violence in response to closed-ended questions can be found in Table 2, while a synthesis of their responses to qualitative questions can be found after Table 2. Both closed-ended and qualitative responses are presented by context.

Table 2. Percentage of participants in Haiti reporting violence across contexts in response to closed-ended questions (n = number of people who responded to the question)

		All KP groups % *n*	FSWs % *n*	MSM % *n*	TGW % *n*
Partner	%	95.1	-	89.7	100.0
	n	*82*	-	*39*	*43*
Sex work	%	91.5	91.0	100.0	88.0
	n	*129*	*89*	*15*	*25*
Before 18	%	89.9	-	81.1	97.6
	n	*79*	-	*37*	*42*
Street	%	81.1	78.3	76.2	90.9
	n	*169*	*83*	*42*	*44*
Health care	%	81.0	75.9	91.4	83.3
	n	*164*	*87*	*35*	*42*
Police	%	64.7	64.6	52.9	75.0
	n	*153*	*79*	*34*	*40*
Economic	%	64.1	65.1	60.6	64.9
	n	*156*	*86*	*33*	*37*
Religious	%	61.4	44.4	67.7	87.2
	n	*145*	*72*	*34*	*39*
Other work	%	55.6	63.3	40.0	51.3
	n	*146*	*79*	*30*	*47*
Education	%	55.2	35.8	63.6	87.5
	n	*154*	*81*	*33*	*40*
Other state institutions	%	48.4	44.6	40.6	62.5
	n	*155*	*83*	*32*	*40*
Judicial	%	42.2	37.9	33.3	53.8
	n	*45*	*29*	*3*	*13*
Any context	%	97.8	96.6	97.8	100.0
	Total n	*178*	*89*	*45*	*44*

Key	0-19%	20-39%	40-59%	60-79%	80-100%

STREET/PUBLIC SETTINGS

According to responses from the open-ended sections of the interviews, violence perpetrated on the street or in other public settings was common with 71 percent transgender women, 65 percent MSM, and 58 percent FSWs reporting some type of violence in this setting. For both FSWs and MSM violence was much more common in Port-au-Prince and Jacmel than Ouanaminthe, however, for transgender women, violence was higher in Ouanaminthe. Among all participant groups, the most common types of violence experienced on the street or in other public places were emotional and physical. A few transgender women and FSWs also reported sexual violence, and transgender women reported human rights violations.

Transgender women reported verbal abuse such as being called derogatory names, and physical attacks including being beaten, having their wigs pulled off, their belongings taken, and rocks or bottles thrown at them. Other human rights violations included being told they could not sit in parks or be in public spaces because of their gender expression. Participants attributed these attacks to their appearance, and transgender women reported that they stayed home and avoided public spaces whenever possible. Others described attempting to change their physical appearance to appear "more masculine" before going out in public. MSM also reported being emotionally and physically attacked on the street and in other public spaces was common. Similar to reports from transgender women, MSM participants attributed these attacks to their feminine gender expression and perceived sexual orientation. These attacks most commonly included being called derogatory names and chased by men or groups of men and in some cases being beaten or having rocks or bottles thrown at them.

"Yes, I have [experienced violence]. People pass by and make fun of me, they throw rocks at me."

- FSW

"I remember once I was working my corner, a group of people I knew passed me by and they were like 'Look at her, look where she ended up.' I left my spot, I was really hurt. They were people who knew me. They were talking like if you are a prostitute you're not part of the society anymore […] I spent a long time not going out because I was ashamed. It bothered me."

- FSW

"I was in a public place with a friend, we were talking, and some thugs showed up and tell us to get out of there. We said no; we had the right to sit in a public place. They left then came back with more thugs and started beating us, nobody said anything then we ran away […] it traumatized me for a while, I was wounded."

- Transgender woman

"The first violence I've faced it was close to a church…we were walking, going to church and we stopped to buy something, there was a man…that saw us, the fact that there was some of us who were girlish, they said this is some gay! We didn't answer, and after they go away, when they just come back with [a] stick, machete; we run away, after all they run away after us."

- MSM

"In the street and public places, I could say that's happened almost every day because when people see who you are gay, as Haitian people [they] like to say you are not a normal person, [they] discriminate [against] you, call you MASSISSI (slur against gay people), say bad words."

- Transgender woman

MSM who did not report any violence in the street attributed this to acting more masculine while in public and not letting others know they were gay. Emotional and physical violence was also reported by FSWs including name calling, finger pointing, and physical attacks such as being attacked on the street and in other public places or having rocks or bottles thrown at them.

PARTNERS

Violence perpetrated by intimate partners was reported by approximately two-thirds (68 percent) of transgender women and 28 percent of MSM who responded to this question. Among transgender women, violence from partners was more commonly reported in Ouanaminthe compared to Jacmel and Port-au-Prince; while among MSM, violence by partners was more commonly reported in Port-au-Prince compared to Ouanaminthe and Jacmel.

Among transgender women, physical and emotional abuse were the most common types of violence perpetrated by partners with fewer reporting economic (n=5) and sexual (n=1) violence. Among MSM, emotional violence (n=10) was the most commonly reported type of violence perpetrated by partners, with fewer reporting physical (n=4), sexual (n=1) and other human rights (n=1) violations. Many transgender women reported being beaten and physically assaulted by current or former partners. Many of these physically abusive partners were also described as being extremely controlling of their transgender partners. Several were described as being jealous and not wanting them to interact with friends or others. If the partners thought that they were, they would become violent. Emotional violence was often described by transgender women as their partners telling them they weren't "real women" and comparing them to their cisgender wives or girlfriends. Even if they were caring and loving in private, they would often ridicule them and be emotionally abusive toward them in public, not accepting them as their legitimate partner. Many MSM also reported being emotionally abused by current or former partners.

> *"The one I had relationship with, he always gets jealous; when I go somewhere he still wanted to know I'm going, even if I go to school he wants to know, when he sees me with a friend he just wants to beat me."*
>
> *- MSM*
>
> *"The first one used to hit me, despise me, asking me for money all the time, he wanted me to understand that I wasn't a real woman, that I didn't have a uterus and wouldn't give him children."*
>
> *- Transgender women*
>
> *"The partner I have, actually, he always beats me up… the day before today he lay on me, he [was] so jealous…he beat me, we were fighting."*
>
> *- MSM*
>
> *"I want to say, when you are talking about violence there many types of violence, for example, there is moral, there is some partner you have its only inside of a house he wants to see you, never going out with you but when he sees you on the street they humiliate you even though they are sweet inside a house; it feels like you can't be proud and say this is my boyfriend; it's a type of stigmatization."*
>
> *- Transgender women*

These partners were described as being extremely controlling and getting jealous when participants spoke to friends or other men. This controlling behavior often included stealing participants' phones to read messages. Participants reported that emotional violence often led to physical violence, including being beaten and threatened with a weapon. In one case, a participant was raped when meeting a man with whom he had chatted online for several months. Questions about violence from partners was not asked of FSWs.

EDUCATIONAL SETTINGS

The frequency of experiences of violence in educational settings varied widely among study participants with reports from over half of transgender women (56 percent), 30 percent MSM, and only 8 percent FSWs. One reason could be that the majority of educational experiences occurred prior to women engaging in sex work. Emotional violence was the most common type among all participant groups with transgender women also reporting some human rights violations and one case of physical violence each among transgender women and MSM. Violence was more commonly reported among MSM in Jacmel and Port-au-Prince while transgender women reported violence in Ouanaminthe, Port-au-Prince, and Jacmel. There were no noticeable differences in experiences by study sites among FSWs.
Emotional violence took the form of name calling, verbal harassment, and bullying. MSM reported being told to be more "manly" while transgender women also reported not being included in class or recreational activities or being prohibited from spending time in certain locations of school. Perpetrators included not only fellow students, but also teachers, other staff, and school directors. As a result of the constant barrage of bullying and emotional abuse, many transgender women reported dropping out of school or not attending classes for long periods of time. A minority of transgender participants described finding some support in educational settings, including a support group of friends or some sort of positive recognition at school.

> *"Well, I couldn't continue with my school studies because, when I went to register myself, they told me that they don't take those kinds of people. That's why I didn't continue […] I felt humiliated. I wanted to go back to school to continue but I couldn't do that because they did not accept me."*
>
> *- Transgender woman*
>
> *"I didn't finish my high school, a school teacher used to humiliate me and other students don't want to sit next to me. When the teacher is asking everybody to go to the board he never call me, he said I am a gay. Even the other students humiliate me also, they throw little rocks on me and papers. When I go to the principal, he didn't care about me; he humiliated me. Those are [the reasons] why I left school—I felt shame."*
>
> *- Transgender woman*

SEX WORK

Among transgender women 21 of 45 reported participating in sex work, of those 12 described experiencing violence from sex work clients. Among MSM, 11 of 45 reported participating in sex work, of those, five described violence from their clients. Among FSWs, 37 reported

experiencing violence from sex work clients. Violence was reported at roughly similar levels between all three study sites.

Transgender women and FSWs described economic, physical, sexual and emotional violence while MSM reported only economic violence. Most common were instances of economic violence where clients refused to pay for services as agreed upon. This sometimes escalated to physical violence including beatings. Several transgender women reported being held against their will by clients and being raped and beaten, sometimes by multiple men. In some cases, just presenting as a transgender woman seemed to incite men to commit violence. Several FSWs described being forced or threatened to have sex without a condom. Some were threatened with death if they reported this violence. Participants also reported that some brothel owners provided some sort of support and protection if clients became violent. In other cases, FSWs described brothel employees as the perpetrators of violence against them.

> *"Once, I met a man, he agreed…to have sex for money. I was there seated [in] a chair in the living room and he came with two to three other men and some money. He made them have sex with me, they beat me up, then threw me in the streets. He then said if I told anyone about it he'd get someone to kill me."*
>
> *- Transgender woman*
>
> *"Yes, once there was this man I had sex with. When we were done, and I asked him for my money, he beat me. He hurt me. When I went to the hospital, they denied me care. I went home, bought ampicillin to put on my wounds […] I have scars on my skin. And what happened still bothers me…when I meet the guy who hurt me, I have to run from him, so he doesn't hurt me again."*
>
> *- FSW*
>
> *"Well! There is some man, we [had] sex, after they don't pay me. That's caused many problems.*
>
> *- MSM*

Violence from sex work employers was also reported, though not frequently. Six FSWs and one transgender woman reported violence from an employer during sex work. No men engaged in sex work reported violence from employers. The most common types of violence from employers were economic and emotional. Typically, this entailed brothel owners requiring sex workers to pay too much money for rooms or forcing FSWs to have sex without paying for their services. Several FSWs also described being verbally harassed or threatened by brothel owners. They also described dirty working conditions and a lack of protection that they expected.

> *"I used to work for someone who always refused to pay me. He wanted me to have sex with him instead."*
>
> *- FSW*
>
> *"I was working for him, but he didn't used to pay me. When I'm done working, he doesn't give me any money, or he sends me right back out to work some more. When I don't feel capable of working, he beats me on top of it."*
>
> *- FSW*

Violence during sex work was also, though not commonly, perpetrated by coworkers. Six FSWs, two MSM, and one transgender women reported violence from someone they met with during sex work though participants provided few details.

BEFORE THE AGE OF 18

Violence perpetrated before the age of 18 was reported by 50 percent of transgender women who responded to this question and slightly more than one-third (37 percent) of MSM. Among transgender women, violence before the age of 18 was more commonly reported in Ouanaminthe compared to Jacmel and Port-au-Prince; while among MSM, violence before the age of 18 was more commonly reported in Port-au-Prince compared to Jacmel and Ouanaminthe.

Among both MSM and transgender women, emotional violence was by far the most common type reported during childhood, followed by physical and sexual; this finding did not vary by study location.

Many MSM and transgender women reported experiencing emotional violence including being ridiculed by their family for displaying "feminine" behavior; some transgender women also reported being rejected by their family. Others also described experiencing emotional violence by neighbors, teachers, and church leaders. Several MSM and transgender women described rape and other types of sexual violence as children by a male family member or family friends or neighbors, because of their perceived gender expression.

"My parents, they knew I was a boy, then they saw I was a girl. They stopped paying [for] my school; when I was at school, the students mocked me […] it was very hard because they stopped paying my school bill."

- Transgender woman

"So, the violence experience is; there were a lot of people that used to mock at me, call me masisi [a slur against gay men]; they intimidate me when I'm in the street."

- MSM

"When my dad bought…[action] figures for me I cried saying I wanted a doll. They beat me up and said I would become gay. They beat me up. They beat me up. They forced me to play with toys I didn't like. They put me in an all-boys school. While I was there I would always bend down to pee in the restrooms. My big brothers took me and beat me up in the restrooms 'you're going to become gay if you don't stop. You are not a girl, you can't bend down to pee.' Everybody at my house used to beat me up, my aunt, my brother, everyone wanted me to act like I was a boy. They used to swear at me, they use to discriminate [against] me. They used to take me to church saying I'm the way I am because Satan is doing it to me; beat me up, take me to a voodoo priest, rub leaf on me saying the spirit of a demon is in me. I didn't have rights in the house; everybody beat me up."

- Transgender woman

"Yes, when I was 10, I've faced violence; a man, a friend of my father raped me, it was the first time I had sex. I think I was home, but nobody was there, only me while I came [home] from school, he came to play with me because he used to…he started to touch me, I said 'what are you doing?' He said that he tried to show me something, after he raped me without my consent."

- MSM

RELIGIOUS SETTINGS

Violence in religious settings varied by participant group with reports from 49 percent transgender women, 32 percent MSM, and 21 percent FSWs. Among transgender women, violence was more common in Ouanaminthe while among FSWs violence was more common in Jacmel. For MSM, violence was more common in both Port-au-Prince and Jacmel.

Emotional violence was the most common type in all participant categories, most often in the form of being "outed" during church services by leaders preaching against homosexuality and being made to feel unwelcome by fellow churchgoers. Participants described being blamed for negative events in society, including the 2010 earthquake. Several participants described being prohibited from participating in certain church activities, such as choir, communion, or baptizing a godson. Others were forced to leave the church all together; this often left MSM in a spiritual crisis. For the participants that did not experience in violence in a religious setting, several cited that they only attended church services dressed as men to avoid problems. One transgender woman described extreme physical violence perpetrated by a neighborhood Christian group who attacked her and burned her house down so that she would leave the neighborhood.

"Sometimes I go to pray, even when I wear a big skirt or blouse, you can be wearing a scarf on your head, they won't welcome you in a good way […] I was going to accept Christ as my savior, because when you are a Christian, you have to testify. I started going up to the pulpit, I started to testify with all my heart. I told them I said thanks to God because I wanted him to get me out of the situation I was in. That I was sleeping with many men, I told them how men would treat me. I mean I went there to find people who understood me, but I would have better kept my mouth shut. That showed me they were a bunch of evil people. None of them gave me any value. I gave up because they all put me down or marginalized me."

- FSW

"I remember one time, a preacher living close to me invited me to his church and because of the fact that I was there, he preached about gay people. I didn't like it especially since he was the one who invited me […] It had a big impact on me because he invited me, and I was the one he insulted."

- Transgender woman

"I was at church activities, chorus, they always talk negative about gay[s]. If someone is gay they [are] not supposed to come here and sing at church."

-MSM

"Once I went to church, the preacher preached about gay people from the time I entered until I left…He points his finger at me, everyone turned around to look at me. He was preaching about Sodom and Gomorrah. He is Satan. They are the ones breaking the country apart…The preacher discriminated [against] me…I didn't see how I would get out of there. Everyone left the bench I was sitting on. I was sitting there all by myself until I stood up and left church."

- Transgender woman

HEALTH CARE

Violence perpetrated in health care settings was more commonly reported by transgender women (42 percent) and FSWs (43 percent) than MSM (27 percent). FSWs reported violence more commonly in Jacmel compared to Port-au-Prince and Ouanaminthe, while both transgender women and MSM experienced violence in Port-au-Prince more commonly and Jacmel and Ouanaminthe less frequently. Violence was most common among transgender women in Port-au-Prince.

Emotional violence was the most common type reported by all participant groups followed by other human rights violations. All participant groups reported being called names; FSWs also reported being ridiculed and lectured for their work or blamed for their ailments. Transgender women also reported being made fun of due to their gender identity or having their illness attributed to their gender identity or "lifestyle." Transgender women also reported being threatened with physical violence by both doctors and nurses. All participants reported having to wait longer for services than other clients, and some FSWs and MSM reported providers refused to see them because of their perceived sexual orientation. In some cases, this resulted in the MSM leaving without receiving care. In other cases, a provider referred the patient to another provider because he did not want to treat him. A small number of both FSWs and transgender women also reported physical violence from receptionists and health care providers. Several transgender women reported avoiding the health care system or seeking care from private clinics due to unpleasant experiences during previous attempts to obtain care. Both FSWs and MSM mentioned concerns about confidentiality including health care workers who shared their personal information with other providers in the clinic.

"Yes, it happened to me once when I went to the hospital for an STI [test]. They denied me care […] a nurse was involved. It had a very bad effect on me because I got really mad; I just got up and left. The infection ended up getting worse."

- FSW

"Prioritize other patients? [Yes] most of the time it happens. When you go to the doctor, for example, and he hears that you are a homosexual. Most of the time, you know how they treat us poorly… they always prioritize others over people living like me."

- MSM

"Yes, like that time I went to the hospital...When I got there for a consultation and that lady came to attend me. She undressed me and said, 'Damn it, if I knew you were that type of person I'd take a shot and kill you because I don't like people like you.' As she said it I pretended to be going outside to buy something and left without doing the other things I came to do."

- Transgender woman

"I had a bad feeling in my stomach; I went to a health center. When I was there, there was a woman at the reception. I was talking to her and she called the doctor for me and the doctor said I don't touch this kind of people…it terrorized me, I was very sad because I live the way I like, I choose, it's my right, and they are discriminating [against] me even at the hospital, they reject me, I was very sad because of that."

- MSM

"When I go to the hospital the doctors always look at me some type of way because they see someone who was born male and then became female. They always look at you in a bad way that's why now, even though I am sick, I am not going […] I felt ashamed. I went back home and abandoned the consultation."

- Transgender woman

"Once I got beaten, I went to a health center so they could attend to my wounds. When I got there, they asked me who I was. They didn't take care of me. They looked down on me. All the other patients got to see the doctor, but they made me wait. I insulted them and went on my way. In my opinion, they don't keep confidential[ity]. They laughed and pointed at me with their finger."

-FSW

POLICE AND JUDICIAL SYSTEMS

Violence perpetrated by police was more commonly reported by transgender women (38 percent), than MSM (23 percent) or FSWs (21 percent). For both MSM and transgender women, violence from the police was most common in Jacmel compared to Port-au-Prince and Ouanaminthe. For FSWs, more violence was reported in Port-au-Prince compared to Ouanaminthe and Jacmel. Two FSWs specifically mentioned police in Port-au-Prince are known as more violent than those in other cities. Both transgender women and FSWs described avoiding police due to fear and knowing they would not help but would make the situation worse. Participants reported emotional, sexual, physical, and economic violence from police as well as other human rights violations. The most common types of violence varied by group. Among transgender women, emotional violence was most common followed by other human rights violations, physical and economic. Among FSWs, sexual and emotional violence and other human rights violations were most common. A few FSWs also reported physical and economic

violence. MSM reported emotional violence most often, with a few also reporting human rights violations.

Emotional violence included verbal harassment, such as being called derogatory names, threatened with guns, and subjected to threats of violence or death. Participants described these experiences as being due for no apparent reason other than their gender expression. Most commonly, human rights violations were about police refusing to provide protection to participants, including those who were seeking help after experiencing violence from others. Participants from all groups reported that police refused to help them either on the street or at police stations claiming risks were part of being a sex worker or that there was "no justice for gays." Participants often experienced more violence, either from police or others, when police refused to assist them, and some participants reported that police even came to the defense of their perpetrators. Another human rights violation reported was being unlawfully detained by police, at times for multiple days, and for no apparent reason other than gender expression or sexual orientation. FSWs described sexual violence in the form of police taking them to the station, or other locations, and forcing them to have sex. Physical violence was most often described as being beaten. Transgender participants described economic violence as police extorting money to avoid being detained, and FSWs told about clients who were police who refused to pay for services.

Only 10 transgender women responded to the question about violence in the judicial system, of which four reported experiencing violence. They described mainly other human rights violations and emotional violence. There were no notable differences in study sites. No FSWs or MSM reported experiencing violence from judicial systems.

Most transgender women who reported experiencing violence cited negative interactions with judges. In one case, the participant was thrown out of her mother's trial because of her appearance. Others reported judges ignoring their cases because of their gender identity. In one instance, the judge blamed a participant's problems with her neighbor (for which she was filing a complaint) on her gender identity.

"No, I never go to the police, but police officers have sex with us too…they refuse to pay. Sometimes they make us leave because they don't want us working on the streets, even if they have sex with us too. Sometimes they pretend to drive us home but what they really want is to sleep with us."

- FSW

"Yes, once I had an argument with someone [and] I went to the police. When I got there a policewoman told me to get out because I am a gay and there is no justice for gays."

- Transgender woman

"When they know I'm gay they curse me [and] say a lot of bad words [to] me."

- MSM

"Yes, the police…most of the time the police are quicker to perpetrate violence against you. The chiefs do whatever they want […] which means when the chief realizes you are a sex worker, he doesn't take you into consideration. He takes you into consideration if your buttocks are big and he can squeeze them. Sometimes they even sleep with you, and they tell you afterwards that prostitutes are not part of the society."

- FSW

"Multiple times people attack you and you go to the police department; they want to beat you up on top of what the people did to you. The police officer wants to hit you […] when I get close to the police station I tried to talk to them…they say I am a gay. They say how is it that I am a male then I changed my gender then they wanted to hit [me] because I am a homosexual."

- Transgender woman

"Yes, one time I was at the carnival and a man…started a fight with me. There was a police officer watching; he arrested both of us. When we get to the police station, he said it's because I was gay, I hit him because I don't like those people. The officer said 'it [is] time to eradicate those kinds of people in the country. We should put tires on their head and burn them.' He let the guy free."

- MSM

ECONOMIC SETTINGS

Violence in economic transactions was less common than in other contexts with 26 percent of FSWs, 21 percent of transgender women, and 14 percent of MSM reporting economic violence due to gender identity, perceived sexual orientation, or involvement in sex work. While there were no differences by study site for transgender women, FSWs experienced more economic violence in Ouanaminthe compared to Jacmel and Port-au-Prince, and MSM reported more in Port-au-Prince.

Few participants provided details on their experiences of economic violence. Transgender women and MSM mentioned being charged more for rent or other products; other participants described not being paid for goods or services they provided or not receiving change when purchasing items themselves. Some transgender women described how people avoided buying their products or how they were forced to move their businesses because of their gender identity. FSWs and MSM described not getting or losing a job when their employer learned they were a current or former sex worker. One FSW described losing her money in a savings group when others knew she was a sex worker.

“When I rented an apartment, they ask me to pay more because I’m a gay.”

- MSM

“I have economic rights like everyone else and I should live based on those rights either to borrow money from the bank for business, travel, buying stuff just like others do.”

- Transgender woman

“It happened to me that I lost my chance [at] getting a job because when they know you are a prostitute, they tell you that you didn’t have your place there.”

- FSW

“In the economic transaction, sometimes when I sell on the street market some people like to buy from a homosexual but most of them, when they see me, they said they don’t want to buy from a homosexual even when I sell food. [They] tell me they don’t [want to] buy from a homosexual. It’s very humiliating. At the bank, because it’s where I put my money…they didn’t give me the money because… [I had] long hair and female clothes.”

- Transgender woman

“When you are a prostitute, you can’t get into money saving groups. They can keep your money because you don’t have the state to back you up.”

- FSW

OTHER WORK

Approximately one-quarter of MSM, FSWs, and transgender women reported violence in workplace settings other than sex work though the type varied by group. There were no differences by study location for MSM and FSWs, but for transgender women, violence was more commonly reported in Ouanaminthe and Port-au-Prince.

MSM reported physical, emotional, and economic violence but provided few details. FSWs experienced emotional violence as well as other human rights violations while transgender women described both emotional and economic violence. Most commonly, FSWs and transgender women described losing their jobs after bosses discovered they were current or former sex workers, because of their perceived gender identity, or because they were seen associating with “gay” people. In some cases, FSWs’ supervisors would also ask to have sex with them or even threaten to fire them if they did not have sex with them. Several transgender women also reported they were unable to find a job because employers told them they didn’t hire “gay” people. Several transgender women and MSM described how coworkers gossiped about them, made them feel unwelcome, or called them derogatory names.

"Well, I went to work at several different places, they don't take me. They say: I could not have been male and been acting like a female and now I am looking for jobs. They say they don't hire people like that."

- Transgender woman

"I remember after I finished my class…I'm looking for a job as a teacher [but] they refuse me because they know I'm a whore […] you feel humiliated because you qualify for this job [but] just because you are a whore, they refuse you."

- FSW

OTHER STATE INSTITUTIONS

Participants were asked about their experiences of violence in state institutions other than health care, police, or judicial settings; 16 percent of FSWs and 18 percent of transgender women reported such violence. No MSM reported any violence in this setting. Transgender women reported more violence in Ouanaminthe than Port-au-Prince or Jacmel while there were no differences by study site for FSWs.

Emotional violence was the most commonly reported type among both groups with transgender women also reporting human rights violations and FSWs reporting a small number of events of physical violence as well. Most violence was related to verbal abuse when participants attempted to get identification cards including national identification cards, fiscal identity cards, passports, etc. Many transgender women were taunted by officials in these offices and told they did not serve "gays." As a result, several participants went home, cut their hair, and returned in more masculine clothing in order to get their identification. Others described being ignored at offices or having to wait longer than other clients.

"When I did my card, I was in a line of people insulting me saying 'you gays shouldn't come here and take lines' […] The other thing I could say is the fact that they despised me; because I am gay, they didn't want me in the line to do my national ID card. They were loud about the fact that I was gay. They said that gay people shouldn't be standing in front of them."

- Transgender woman

"Yes, when I went to [get an] identity card, the people looked at me in a bad way because I am a prostitute […] that hurt me. The card would have been useful for me and the country. But, they were looking at me in a bad way because I am a prostitute."

- FSW

"Well, I went to [get] a card … when I got there, even though I paid for the service, they did not do it. Because I am a male, but I look like I am a female. So, they told me they couldn't do ID card for those kinds of people."

- Transgender woman

SHARING EXPERIENCES AND SEEKING SERVICES

For each setting in which violence occurred, respondents were asked whether they shared an experience of violence and whether they sought any services, such as health care, counseling, legal support, and police services, after the experience. Many participants reported sharing their experiences, often with a trusted friend or family member. Sharing with officials or counselors was extremely rare. It was most common for participants to share experiences of violence on the street, in health care, from partners, during sex work, and in economic transactions. Very few participants, however, sought services after their experiences. Among those who did seek services, legal or police assistance often related to the loss of money was most common. A small number of participants reported seeking health care services after physical violence.

About one-third of participants reported they had ever been asked about their experiences of violence by a health care provider—highest among street-based FSWs. About one-third of participants overall reported they had shared an experience with a health care worker, again, this was highest among FSWs. While approximately one-third of participants reported they had been asked about experiences of violence, around half wished a health care worker would ask.

Nearly half wished they had access to additional services to address violence or discrimination, this was highest among FSWs and transgender women. Health care services were mentioned most commonly with assistance from police and help with "justice" or "human rights" was also mentioned. Less commonly noted were religious or educational support or help from public services.

> *"Well…I felt ignored, and [when] people do something to me, I don't go to the police. Because I already see that both the police officer and the judges that are working in the public institutions, they humiliate people like me a lot."*
>
> *- Transgender woman*

IMPACT OF VIOLENCE

Participants were asked to share how their experiences of violence had affected them. Negative emotional impacts such as being hurt, sad, feeling judged, agitated, or humiliated were most common. Severe mental health impacts including suicidal thoughts were also noted. Some participants reported being worried about going out in public or not wanting to go out. Negative impacts were noted most often by FSWs while MSM rarely mentioned them. A few participants reported they coped with violence by knowing and accepting themselves, coming to terms with violence, comforting themselves, or spending time with friends. Very few participants reported using drugs or alcohol as a means to cope with violence or discrimination.

"When you have this kind of this life, they don't accord you any value. They think about you like; you are nothing."

-FSW

"That made a big effect on me, it made me sad because I think everyone is a human. When they humiliated him like that, I have some problems [too]. I'll not lose heart because I'm gay too…I take that as an example that [it] could happen to me too."

- MSM

HIV RISK

The perception that HIV risk is increased due to violence was not very common; only 26 out of 178 participants—about 15 percent—made a connection between experiences of violence and HIV risk. Transgender women were more likely to see a connection, with close to one-third noting a link between experiences of GBV and HIV. Over half of participants overall noted that drugs or alcohol may put them at risk for HIV, this was highest among street-based sex workers and lowest among brothel-based sex workers. Common reasons cited for perceived risk of HIV included whether or not participants used condoms and their selection of partners. Discrimination, mental health issues resulting from violence, difficulty with moving in public spaces, and challenges accessing police or health care services including HIV prevention opportunities offered through peer outreach workers were not mentioned in relation to HIV risk.

PARTICIPANT PERSPECTIVES ON ENDING VIOLENCE

Participants were asked what should be done to stop violence against their KP communities. Responses included changes at the societal, organizational, interpersonal, and individual levels. At the societal level, participants recommended raising the general population's awareness of KP issues to end or reduce violence. Of these, education and sensitization activities as well as mass media campaigns were highlighted.

At the organizational level, participants reported they need improved access to health care services, health care providers need to improve their treatment of KPs through sensitization and training, and rules need to be enacted to ensure that KP patients receive quality care. Similarly, police and others involved in the legal and judicial system need sensitization on KP issues and to be attentive to ensure they and other institutions (government, education, and religious) treat KP members in a respectful and nondiscriminatory way and provide them with quality services.

At the interpersonal level, participants reported that their communities should address intracommunity violence and promote unity, respect, and support among their groups to end or reduce violence. Participants noted that they, and members of their communities, are often unaware of what their rights are and how to prevent and address violence. Peer educators were specifically noted as a useful means to educate communities and improve access to physical and mental health services, legal services, and economic support for victims of violence. Finally, at the individual level, participants believed that each person can help end violence by working at being respectful and treating people equally.

> *"I would like it to be taught at the police academy, that they should respect people's rights, that they should know everyone is a person and everyone is free; they have their own choices. They should be taught to respect people's rights."*
>
> *- Transgender woman*
>
> *"I just want more help for the people like me in Haiti, more safety, because women like me are not safe in Haiti; we are not comfortable."*
>
> *- Transgender woman*

Summary and Discussion

FSWs, MSM, and transgender women face violence throughout their lives from diverse actors and in all settings. Violence is committed both by those who they are closest to, such as family and intimate partners, and those who are obligated to provide them with protection and equal treatment, such as uniformed officers, health care providers, educators, and state institutions tasked with foundational services like providing identification. While the type of violence and severity varies by context, KP members describe serious overall impacts on mental and physical health as well as their relationships, their economic stability, and ability to move freely. Some respondents talked about contemplating suicide and others referenced KP community members who had already been lost to violence. In Haiti, the transgender community is not always viewed as distinct from gay men and other MSM. Until recently, programs were not desiged to address the specific needs of transgender women and more work needs to be done to understand the different experiences and risks of transgender women.

This study shows that those who experience violence often share that experience with others, most often family members and friends, but rarely seek services when violence occurs. There is a clear need to prevent violence and increase support to victims, which can only occur if they disclose that violence and feel safe seeking help.

Box 6. Study limitations

This study did not specifically explore how violence affects HIV prevention efforts, testing uptake, access to care, and adherence to treatment—important considerations for improving KPs' health. FSW representatives in the Regional Technical Advisory Group stated they wanted to focus on violence in occupational and institutional spaces and did not want to ask about intimate partner violence or violence before the age of 18. Although this limits the data on FSWs, it is also a strength as it demonstrates the study's commitment to be responsive to the stated needs of KP communities. Further, FSW participants were provided a space to talk about intimate partner violence and violence before the age of 18 when asked about "other types" of violence. Study participants were selected through existing KP-focused community organizations. This convenience sample could have resulted in participants who were more likely to have access to services and other resources compared to those KP members who were not connected to community organizations. Finally, consistent with the intention of this qualitative research, the results reflect the experiences of study participants and are not necessarily generalizable to broader population groups in Haiti.

A finding of particular importance for HIV programming is that some individuals may not seek services because they do not see a connection between violence and HIV risk. Significant investment has been made to talk to KP members about how to protect themselves from HIV or seek out care and treatment. Far less has been done, however, to educate them on the connection between violence and HIV risk, their legal rights, and available resources for preventing or addressing violence. Global and national statistics demonstrate that members of KPs in Haiti face an elevated risk of HIV infection, and we know that violence, including but not limited to sexual violence, is linked to HIV risk, yet participants generally viewed their risk of HIV as low and saw only direct sexual forms of violence—such as being forced to have sex without a condom—as contributing to their risk. Other, more indirect, risks of HIV and impediments to accessing HIV prevention and care were described by almost all interviewees but were rarely linked in their minds to HIV-related outcomes. These included relationships with health care providers, police, government officials, and religious communities marked by discrimination, stigma, and concerns over confidentiality; limited ability to report violence and receive services from police; potential harms to self-efficacy resulting from repeated experiences of violence; and risks of violence from merely occupying public spaces, which also physically obstructs KPs from reaching services. The collective impact of violence across KPs' lives results in an environment that impedes their ability to seek help, hampers the development of relationships, and limits the honest sharing of information with those such as health care providers and others whose responsibility is to help prevent and address HIV infection.

Box 7. Relevant global guidance on violence and key populations

2030 Agenda for Sustainable Development[37]

In 2015, the United Nations General Assembly adopted a new Global Agenda for Sustainable Development consisting of 17 sustainable development goals (SDGs), two of which refer to the elimination of discrimination and violence: SDG 5 "achieve gender equality and empower all women and girls" and SDG 16 "promote just, peaceful, and inclusive societies." Both address challenges for 2030 from a human rights and gender equality perspective.

World Health Organization Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations[38]

"Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice."

PEPFAR 3.0 Human Rights Action Agenda[39]

"Success in our Human Rights Action Agenda is defined as: 1) expanded access to nondiscriminatory HIV prevention, treatment and care for all people, including LGBT persons; 2) increased civil society capacity to advocate for and create enabling environments; and 3) increased gender equality in HIV services and decreased GBV."

While levels of violence reported by study participants were extremely high and few reported seeking help, many did describe strategies for resilience and individual service providers or organizations that provide much-needed support. KP members also offered ideas for preventing violence and responding to violence appropriately including working with health

care providers so that they can ask about violence and respond in a way that supports instead of shames victims; training police to limit the violence they perpetrate and allow them to serve victims of violence; legal and policy change for more protection and recognition of MSM, FSWs, and transgender women; and changing attitudes of the general public toward KP members. Finally, there was a clear cry for more psychological support for victims of violence.

Based on national working group insights, experiences from programs in other settings, and global guidance on violence and KPs (see Box 7), key recommendations for preventing and responding to violence against KPs in Haiti are below, organized by the context within which the violence occurs.

Health care settings

- Train health care providers and psychosocial support providers to ensure they understand who KP members are, their specific vulnerabilities to violence and HIV, and how to detect and respond appropriately to violence including providing or referring to post-exposure prophylaxis in cases of sexual violence
- Create a mechanism to report and monitor the quality of health services

Police

- Sensitize the police on violence, HIV, and human rights protections in national-level policies so they understand that violence against KPs increases HIV risk and that they are violating the human rights of KP members when they mistreat or refuse to help them
- Educate KP members on their rights, on what violence is, on the link between violence and HIV, and on available violence response services
- Ensure KP individuals reporting violence are protected from additional violence when reporting

Recommendations that apply to multiple contexts

- Explicitly discuss gender norms (including those related to sexual orientation and gender identity) and rights of KPs in community, health care, educational, and religious settings
- Integrate and co-locate HIV and violence screening and response services
- Train individuals and institutions already working with victims of intimate partner violence, which usually target cis-women in the general population, so that they can also support KP victims
- Set up crisis response systems to allow for immediate on-the-ground assistance, for example, a team of peer educators and paralegals that can mobilize trained service providers who offer health, psychosocial, and legal services

In Haiti, it is essential to remember that those who are most marginalized—such as FSWs, MSM, and transgender women—require specific intervention and support. However, it will be impossible to effectively respond to HIV without addressing the violence they experience. Furthermore, any effort to strengthen the ability of police, health care providers, or other

service providers to detect and respond to violence will not only benefit KP members but also other victims of violence whom they serve.

All nations have an obligation to protect the human rights of all its citizens. Through coordinated interventions that address both HIV and violence against KPs, Haiti has the opportunity to improve both KPs' overall well-being and the national burden of HIV while respecting each individual's humanity and helping each reach his or her fullest potential.

> *"I would say, I would like to be free. Just like everybody else can take care of their business, I would like to be able to do so."*
>
> *- Transgender woman*

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