

Physical and sexual violence among female sex workers in Cameroon: correlates with HIV risk, and access to health services and justice

Michele R Decker, ScD, MPH 1,2; Carrie Lyons, MPH 2,3; Serge Clotaire Billong, 4; Iliassou Mfochive Njindam, 2,3; Ashley Grosso 2,3; Gnilane Turpin Nunez 2,3; Matthew LeBreton 5,6; Ubald Tamoufe 5; Stefan Baral, MD, MPH, MBA 2,3

1. Department of Population, Family & Reproductive Health, Johns Hopkins Bloomberg School of Public Health
2. Center for Public Health & Human Rights, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA
3. Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA
4. Comité national de lutte contre le sida (CNLS), Ministère de la Sante Publique (MINSANTE), Yaoundé, Cameroon
5. Global Viral, Yaounde, Cameroon.
6. Mosaic, Yaounde Cameroon.



FSWs: High risk & Underserved

- Women who trade sex for drugs, money, resources, safety are at high risk for physical and sexual violence
 - range of perpetrators (clients, pimps, partners, police)
 - entry as minors is common; self-reported force, fraud or coercion less so but the needs are great
- GBV linked with STI/HIV risk and infection, much like patterns in the general population
- Systems failure
 - slip through the cracks of violence prevention/support infrastructure
 - criminal justice fails to protect and in some cases perpetrates harm
 - social stigma, added layers of self blame, isolation and criminalization → impunity

Deering et al., 2014 *review*
Decker et al., 2009; Thailand
Decker et al., 2012; Moscow
Decker et al., 2013; Baltimore MD
Decker et al., 2014; Russia Federation
Decker et al., 2015 *Lancet Review*

Stigma, marginalization & criminalization

- Perpetuates HIV risk
 - The police abuse us because it's said that we are not even people or that we are animals! ... The police brutalize us out there. They can come and confiscate everything saying that you're a prostitute. They will also come back for you to bang you without a condom!
- Undermines accountability for GBV
 - If a man rapes you, ultimately we are prostitutes... we are a world apart! Why? Because when you go to the police, you will not be right! ... So we don't have the support! ... they say we are not people.

Background

- Where studied, violence against female sex workers is prevalent and associated with HIV risk behavior and infection
 - Less known about how it influences access to health and justice
- Sex work is criminalized in Cameroon; qualitative reports suggest significant violence
- Goals: understand prevalence of violence against FSWs and links with access to care, justice and HIV risk behavior

Methods

Cross-sectional survey data collection

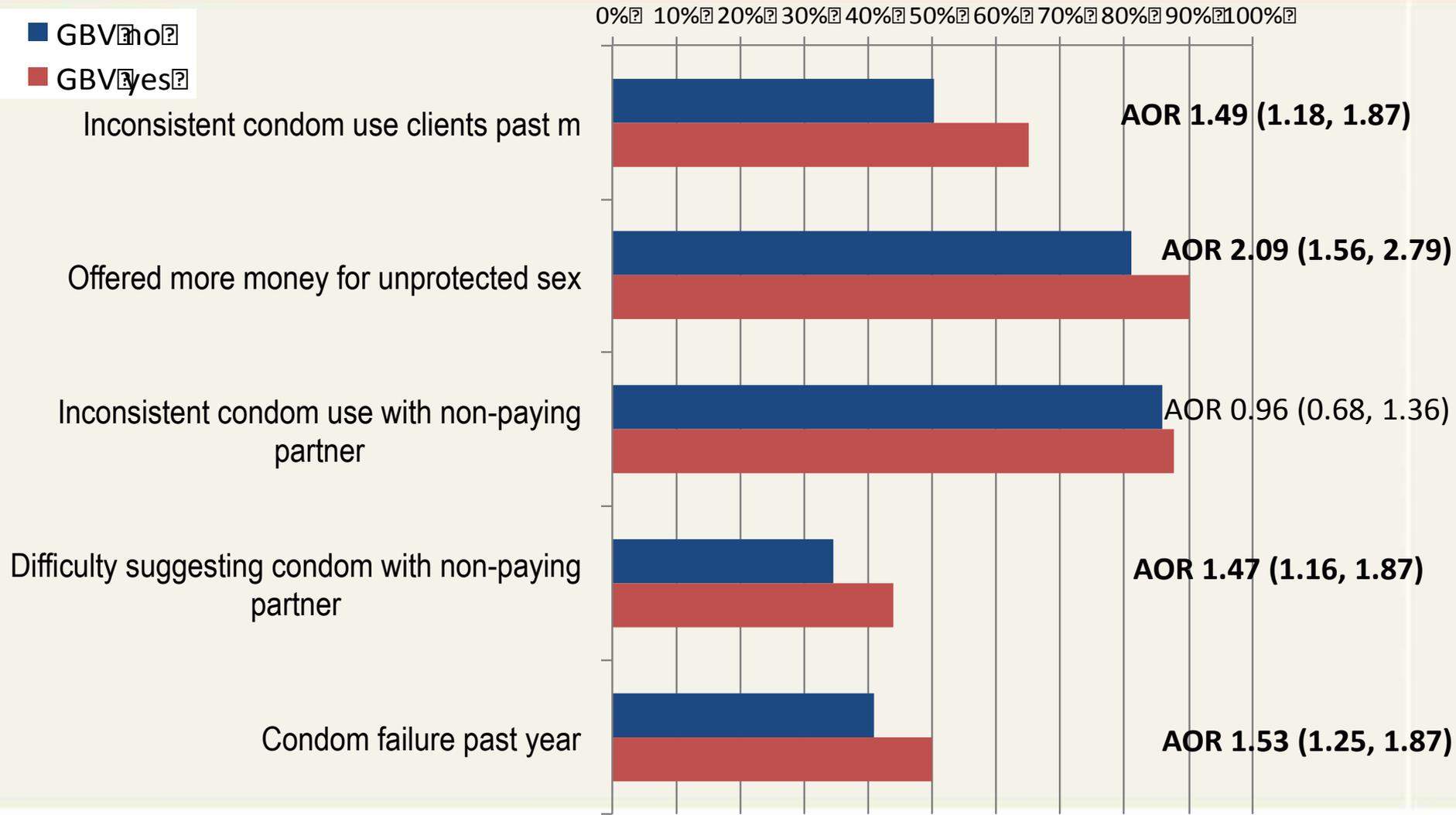
- FSWs ages 18 and over, who sold sex in the past 12m for more than half of their income (n=1817)
- Participants were recruited through snowball sampling
- initiated through venues in seven cities (Bamenda, Bafoussam, Bertoua, Douala, Kribi, Ngaoundéré, and Yaoundé)

Measures

- Sexual violence: ever forced to have sex when did not want to
- Physical violence: ever been beaten up or physically hurt by someone because of FSW status

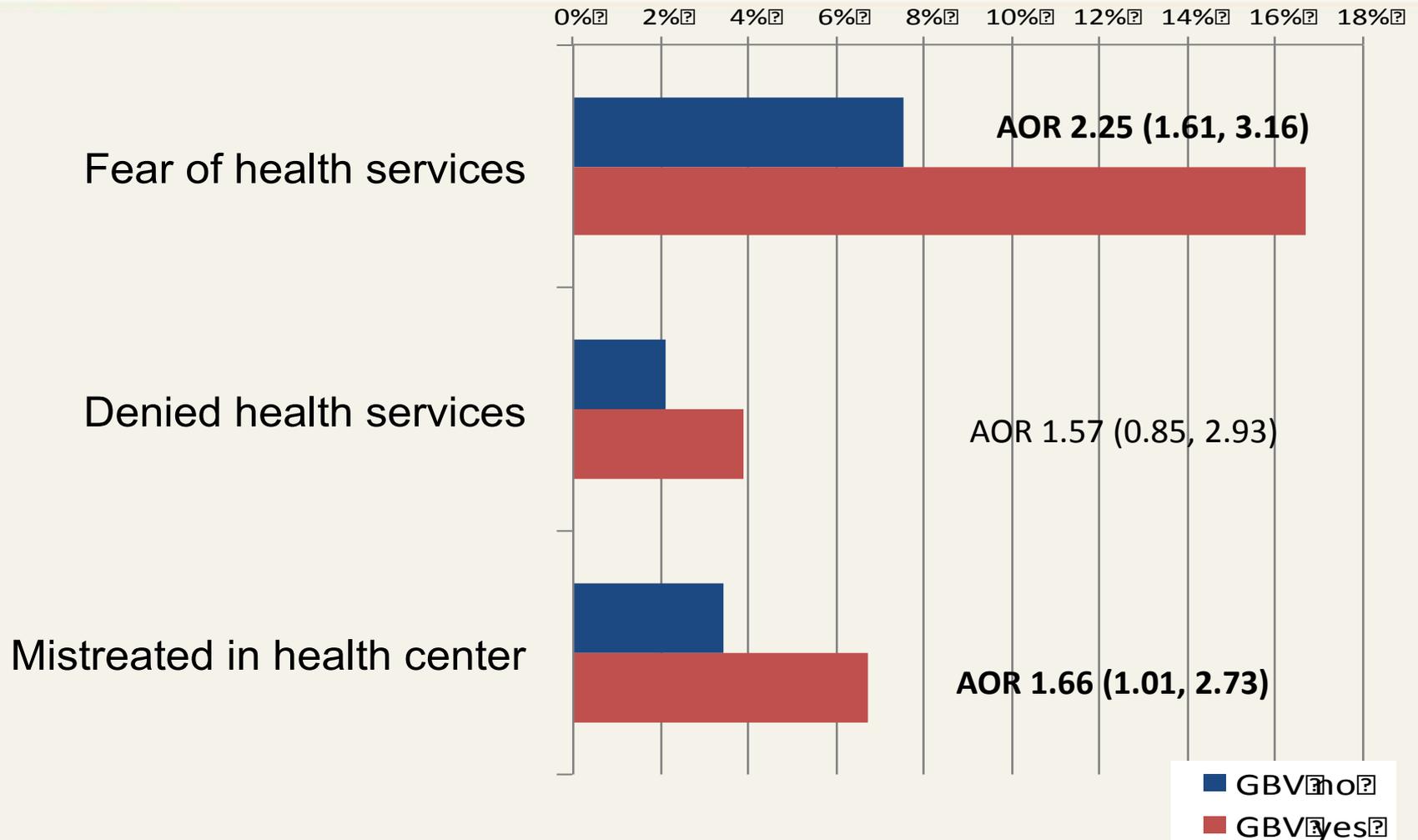
		%	Never physical or sexual GBV %	Ever physical or sexual GBV %	P value
Number of participants		100.0	39.6	60.4	
Age, years					0.004
	18-23	26.0	35.5	64.5	
	24-30	39.6	37.8	62.2	
	31+	34.4	44.6	55.4	
Marital status					<0.0001
	Not married	94.9	38.6	61.4	
	Married	5.1	62.9	37.1	
Dependence on sex work for income					<0.0001
	No income other than sex work	63.7	36.25	63.8	
	Has additional sources of income	36.3	45.27	54.7	

Sexual Risk



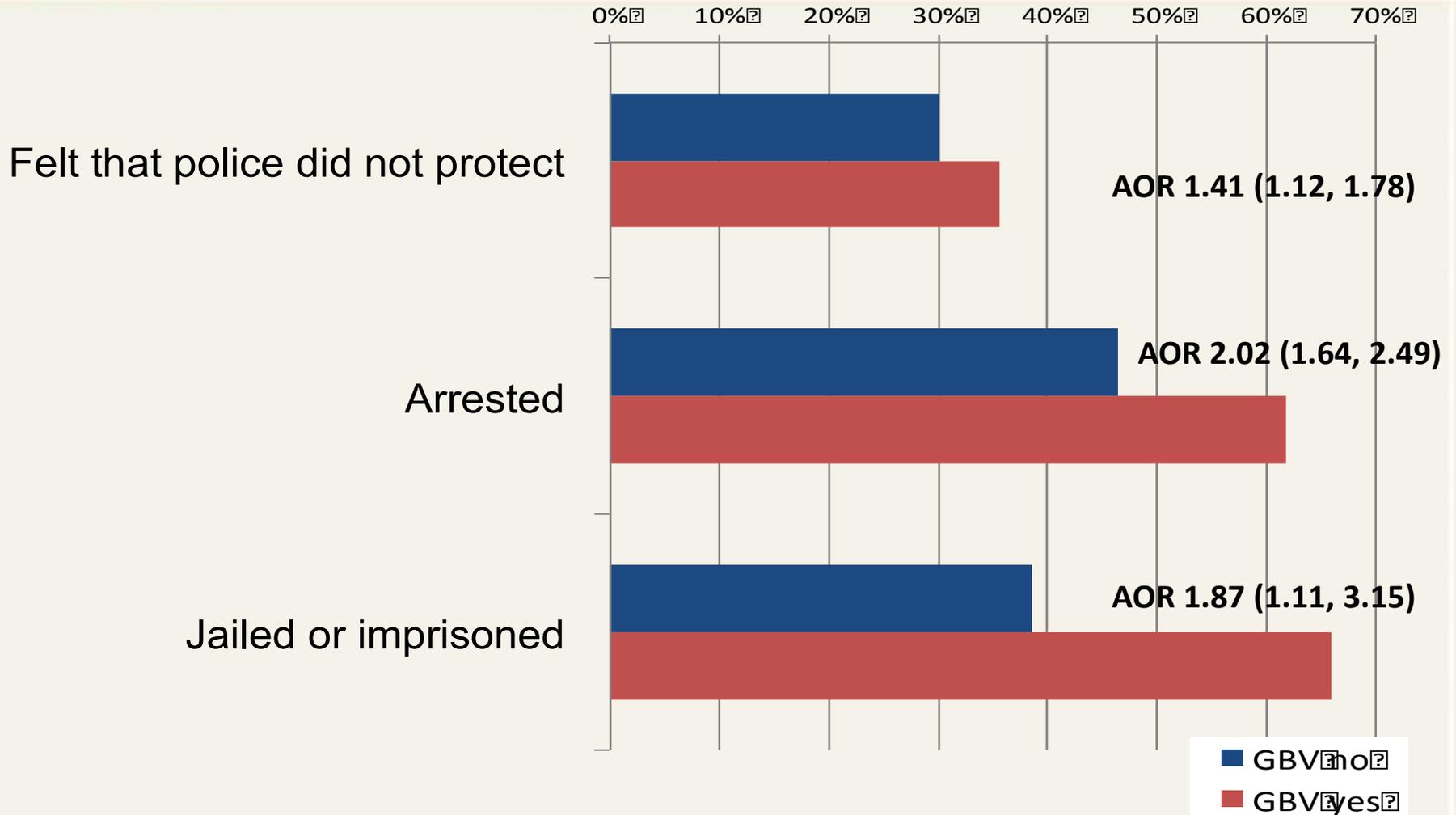
*adjusted for age, marital status, education, city, income other than sex work, and number of clients past month

Access to Health Services



*adjusted for age, marital status, education, city, income other than sex work, and number of clients past month

Access to Justice



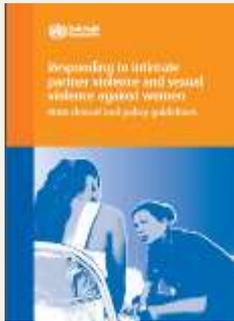
*adjusted for age, marital status, education, city, income other than sex work, and number of clients past month

Discussion

- Lifetime prevalence of FSWs is high in this context
 - Perpetrators and relative timing of abuse unclear
 - Measures limited to forced sex
 - Qualitative and anecdotal data suggest perpetrators include partners, clients, police and potentially “boys”
- Adds to evidence linking abuse with sexual risk behavior
- Those affected by GBV suffer significant barriers to accessing health and justice
 - Greater fear of health services
 - Greater feeling that police do not protect

Informing practice & policy

- Preliminary results reviewed in a forum with community-based organizations (CBOs; 2014)
- Situation analysis with CBOs demonstrated capacity for responding to violence and prioritized gaps
 - E.g., shift from referral for health care to considering peer advocacy
- GBV action plan developed in the context of HIV care and treatment initiative



Evidence & Guidelines on GBV for general populations

Evidence & Guidelines for FSWs



Conclusion

- Findings provide direction for addressing GBV as part of a comprehensive HIV strategy for FSW in this context.
- GBV policy and practice should be expanded to include the needs of FSWs
- A policy response can and must ensure advocacy and support in accessing health services and justice, even where sex work is criminalized