

Gender-based Violence, HIV, and Key Populations in Latin America and the Caribbean: El Salvador Country Report

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Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
ASPIDH Arcoiris	Solidarity Association to Promote Human Development
COMCAVIS-TRANS	Association for Communication and Training Trans Women
Diké LGBTI+	Association Diké of Transgender and LGBTI+ People
Entre Amigos	Association Between Friends
Flor de Piedra	Stone Flower Women’s Association
FSW	Female sex worker
GBV	Gender-based violence
HIV	Human immunodeficiency virus
KP	Key population
LGBTI	Lesbian, gay, bisexual, transgender, or intersex
LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV
MSM	Men who have sex with men
Orquídeas del Mar	Orchids of the Sea Women’s Movement
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
TGW	Transgender women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development

1 Background and Rationale

Female sex workers (FSWs), men who have sex with men (MSM), and transgender women (TGW), collectively called key populations (KPs) most at risk for HIV¹, are among the groups most highly affected by the HIV epidemic globally.¹⁻³ In El Salvador, the HIV epidemic is mainly concentrated among KPs. While the HIV prevalence among the adult population (15–49 years old) in El Salvador is estimated at around 0.8 percent, the prevalence is much higher among KP groups: 16.2 percent among transgender women, 10 percent among MSM, and 3.1 percent among FSWs.⁴

While biological and behavioral factors contribute to their vulnerability to HIV, members of KPs 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,¹⁰⁻¹⁸ including murder (see Box 2), until recently, data on the relationship between violence and HIV among FSWs, MSM, and transgender women have been limited. A growing body of research is now 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 behavior, depression, and social isolation.^{11, 19-29} In addition to increased HIV risk, violence is a barrier to enrollment in and adherence to

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., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, boy or girl (e.g., MSM and FSWs).”⁵ GBV is generally assumed to be directed at cisgender¹¹ 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.^{6,7} 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. Murders of KP members in El Salvador

While the precise number of KP members murdered in El Salvador varies by source and is likely to be underreported, the Association for Communication and Training Trans Women (COMCAVIS-TRANS) recorded seven murders of gay men and 102 murders of transgender people between 2014 and 2016⁸ and the Latin American and Caribbean Network of Female Sex Workers (RedTraSex) recorded 27 murders of FSWs from September 2013 to October 2015.⁹

¹ For the purpose of this report, we use the term men who have sex or MSM to be inclusive of men who report having sex with men whether they self-identify as gay or not.

¹¹ Cisgender refers to people whose gender identity corresponds with their sex assigned at birth.

antiretroviral treatment among KPs.³⁰⁻³³ Evidence also demonstrates that violence from health care providers keeps FSWs, MSM, and transgender clients from accessing HIV-related services,^{19, 25, 34-37} and peer educators identified violence as their biggest barrier in HIV outreach.³⁴

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 build coalitions among groups working to increase gender equality; improve human rights; and address HIV prevention, care, and treatment because these groups often share a common concern about violence.

While we know the experience of violence among FSWs, MSM, and transgender women is common, data are limited regarding: where violence occurs, who perpetrates it, what its consequences are, and what KP members do after they experience violence (including whether and to whom they disclose and which services they access), and what KP perspectives are related to 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, an initiative that is necessary for controlling the HIV epidemic and realizing 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. 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 El Salvador, and it is one in a series of country reports on violence, KPs, and HIV in Latin America and the Caribbean.

2 Partners

This study had two key partners in El Salvador. The first partner was the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, a five-year cooperative agreement supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) and implemented by FHI 360. The HIV, Health, and Development group in the United Nations Development Programme (UNDP), which addresses the interactions between governance, human rights, and health responses, was the second partner. Additionally, LINKAGES and UNDP worked with local civil society partners that provide services to KPs — Solidarity Association to Promote Human Development (ASPIDH Arcoíris), COMCAVIS-TRANS, Association Diké of Transgender and LGBTI+ People (Diké LGBTI+), Association Between Friends (Entre Amigos), Stone Flower Women's

Association (Flor de Piedra), and Orchids of the Sea Women’s Movement (Orquídeas del Mar) — to recruit peer data collectors, assist peer data collectors in recruiting participants, and provide private spaces for peer data collectors to conduct the 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 that they could function as key partners for translating study results into action. The regional technical advisory group guided the technical content of the research, and the national working group interpreted and prioritized results, identified strategies to disseminate the results, and identified actions to translate the results into policy and programming. Boxes 3 and 4 list participants in each group.

Box 3. Regional technical advisory group members

- Caribbean Sex Work Coalition
- Caribbean Vulnerable Communities Coalition
- Center for Integral Orientation and Investigation
- Coalition Advocating for Inclusion of Sexual Orientation
- Groundations Grenada
- RedTraSex
- Latin American and Caribbean Network of Transgender People (REDLACTRANS)
- LINKAGES
- Social Action Mission
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- UNDP

Box 4. National working group members

- ASPIDH Arcoiris / REDLACTRANS
- Central American Social Integration Secretariat/Central American Network of People Living with HIV
- Entre Amigos
- Ministry of Health
- Office of the Attorney General of the Republic
- Office of the Ombudsman for Human Rights
- Social Inclusion Secretariat
- Orquídeas del Mar/RedTraSex
- Plan International
- UNAIDS
- UNDP

3 Study Goals

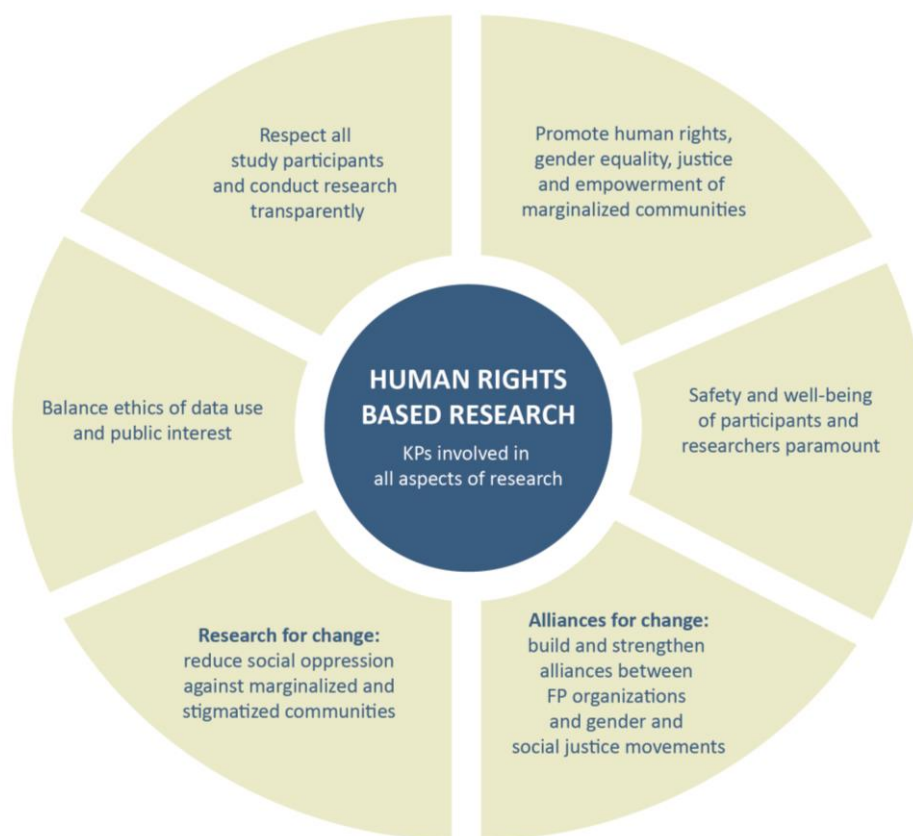
This study had five goals:

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

4 Methods

This study built on the highly participatory methodology and lessons learned from *The Right(s) Evidence: Sex Work, Violence and HIV in Asia*,¹⁶ a multicountry qualitative study conducted by UNDP, the United Nations Population Fund, the Asia Pacific Network of Sex Workers, and Sampada Grameen Mahila Sanstha. *The Right(s) Evidence* study collected evidence of female, male, and transgender sex workers' experiences of violence; the factors that increased or decreased their vulnerability to violence; and the ways that violence relates to risk of HIV transmission. Adapting the guiding principles from *The Right(s) Evidence* study (see Figure 1), this study collected data from FSWs, MSM, and transgender women in San Salvador, El Salvador; Port of Spain, Trinidad and Tobago; Bridgetown, 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 for these groups are often provided together through integrated services for KPs in Latin American and the Caribbean. Two criteria were used to identify study locations in Latin America and the Caribbean: (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 of study locations was independent of where LINKAGES was implementing programs.

Figure 1. Guiding principles of the study – adapted from *The Right(s) Evidence* study¹⁶



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 study 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 include in interviews. The direct involvement of KPs was crucial for achieving the study goal of empowering KPs to conduct research but also essential for increasing the quality and reliability of the data, ensuring that the study was responsive to KPs interests and needs, and ensuring that KP groups are involved in the development of evidence-based violence and HIV prevention and response policies and programs.

In El Salvador, qualitative, in-depth interviews were conducted with 15 FSWs, 20 MSM, and 15 transgender women 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).³⁸ More MSM were included in response to the regional technical advisory group's recommendation to capture the variation among this socioeconomically diverse group, including those who did and did not engage in sex work. Due to the high representation of transgender women in sex work³⁹ and difficulties in recruiting

transgender women who had not engaged in sex work, the regional technical advisory group did not indicate a need to capture the variation between transgender women who did and did not engage in sex work.

All in-depth 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 organization skills, the ability to follow study procedures, strong interpersonal communication skills, and the 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 San Salvador obtain services. All participants were 18 years of age or older and were either: (1) cisgender women who reported engaging in sex work; (2) cisgender men who reported having sex with other men; or (3) transgender women who either self-identified as transgender or, in responding to a two-question participant eligibility questionnaire,⁴⁰ 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 group.

Semi-structured interview guides were used to conduct interviews. Based on discussions 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 prison systems, (5) on the street or 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. In El Salvador, the national working group expanded violence from police to include violence from the national police, metropolitan police, and military. 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 the Global Forum on MSM and HIV, the Global Network of Sex Work Projects, 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 and relevance of the questions, accuracy of the translation, and flow of the questions.

Experiences of violence were sorted into 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, can be found in Box 5. These types and examples of violence draw from global guidance on addressing violence faced by KPs.^{41, 42}

Interview data were organized, coded, and analyzed with QSR NVivo qualitative data analysis software program.⁴³ A codebook, including deductive codes generated from the data collection instruments and inductive codes emerging from the data, was developed and transcripts were coded jointly by the research team until intercoder reliability was achieved. After that, intercoder reliability was assessed periodically. Memos summarizing themes, including supporting quotes, were created and analyzed to address the research questions. Responses to closed-ended questions were entered with EpiData data entry software⁴⁴ with double data entry for accuracy, exported to STATA,⁴⁵ and analyzed descriptively by country and KP group to produce means and

frequencies of responses to demographic questions and questions on participants' 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. Interpretation meetings — including peer data collectors, study participants, and representatives from the national working group — were held to review the data, ensure accuracy in the interpretation, prioritize results, and discuss dissemination plans including the optimal format for presentation.

The study received ethical approval from both the FHI 360 Protection of Human Subjects Committee and the El Salvador National Ethics Committee on Health Research. All participants provided oral informed consent before the interview and all interviews were audio recorded and transcribed in Spanish, then translated into English for analysis. The audio recordings and

Box 5. Types of violence^{41, 42}

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

interview transcripts were identified by archival numbers and were not linked to participant names or identifying information.

To protect the privacy and confidentiality of participants, all interviews were conducted in a private space. 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 that contained any information about 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 study participants.

5 Results

A total of 50 individuals (15 FSWs, 20 MSM, 15 TGW) participated in the El Salvador study site. The mean age of each group was similar overall (overall mean age of 34.2 years), although higher among FSWs (40.1 years). Overall, less than a quarter of participants reported having paid employment other than sex work; this proportion was highest among transgender women with one-third of transgender women reporting having paid employment (see Table 1) such as hair stylist, make-up artist, dancer, and domestic worker.

Table 1. Participant demographics

	FSW (n=15) % or mean	MSM (n=20) % or mean	TGW (n=15) % or mean	All KP Groups (n=50) % or mean
Age (years)	40.1	32.3	31	34.2
Highest education level ^{III}				
None	6.7	0.0	0.0	2.0
Primary	80.0	15.0	40.0	42.0
Secondary	6.7	55.0	53.3	40.0
University or technical	6.7	30.0	6.7	16.0
Has paid employment	6.7	10.0	33.3	16.0

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. All numbers presented refer specifically to those individuals in the study. Across all study populations, the most common types of violence reported in closed-ended questions were those perpetrated before the age of 18, by the police (national and metropolitan) and military, and on the street or in other public spaces; over 95 percent of participants reported violence in these contexts. Further, over half of the participants

^{III} The percentages in the highest level of education add up to slightly more than 100 due to rounding.

experienced all five types of violence. 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 in the text after Table 2. Both closed-ended and qualitative responses are presented by context. The data in Table 2 (closed-ended responses) and the data in the text (qualitative responses) do not necessarily match. In fact, in most contexts, many participants did not report experiencing violence in response to open-ended questions (e.g., “Can you tell me about any violence you have experienced in a health care setting?”) but did report experiencing violence in response to close-ended questions about specific types of violence (e.g., Did any experiences in a health care setting include gossiping about you to other staff or patients?).

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

		All KP Groups %	FSW %	MSM %	TGW %
		<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
Before 18	%	97	-	95	100
	<i>n</i>	34	-	20	14
National police, metropolitan police, and military	%	96	100	90	100
	<i>n</i>	49	14	20	15
Street/public spaces	%	96	100	90	100
	<i>n</i>	49	15	20	14
Health care	%	94	100	85	100
	<i>n</i>	48	15	20	13
Sex work	%	94	100	71	100
	<i>n</i>	34	15	7	12
Judicial	%	91	80	57	50
	<i>n</i>	19	10	7	2
Partner	%	91	-	90	93
	<i>n</i>	34	-	20	14
Religious	%	90	93	85	92
	<i>n</i>	48	15	20	13
Education	%	84	58	89	100
	<i>n</i>	44	12	18	14
Economic	%	83	100	68	85
	<i>n</i>	47	15	19	13
Other work	%	78	69	80	83
	<i>n</i>	45	13	20	12
Other state institutions	%	50	55	37	67
	<i>n</i>	42	11	19	12
Any context	%	100	100	100	100
	<i>Total n</i>	50	15	20	

Key	0-19%	20-39%	40-59%	60-79%	80-100%
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5.1 BEFORE THE AGE OF 18

Thirty-six participants (5/15 FSWs, 19/20 MSM, 12/15 TGW) reported experiencing violence before the age of 18. Questions about experiences before the age of 18 were not included in the interview guide for FSW participants, as recommended by the regional technical advisory group; however, five FSWs spontaneously disclosed experiences that took place before they were 18 years old. Emotional violence was the most commonly reported type of violence (9 MSM, 8 TGW) experienced before age 18, including from their families, friends, classmates, neighbors, or other people in their communities. Emotional violence included being insulted, humiliated, isolated, or made to feel inferior or worthless, either by their families or by their peers, neighbors, or others in the community. Fourteen participants (5 FSWs, 8 MSM, 1 TGW) experienced sexual violence. Most sexual violence was perpetrated by male family members, although other men in the community were also perpetrators. Rape, almost always perpetrated by family members, was nearly universally reported by those experiencing violence before the age of 18, (5 FSWs, 7 MSM, 1 TGW); two MSM also reported other types of sexual harassment. Thirteen participants (2 FSWs, 6 MSM, 5 TGW) experienced other human rights violations, such as being kicked out of their homes before the age of 18 and being forced to see psychologists or other doctors due to their sexuality or gender identity. Physical violence before the age of 18 was reported by approximately one-fifth of participants (2 FSWs, 4 MSM, 5 TGW) and included being hit or kicked and was typically perpetrated by male family members or groups of male peers. No participants reported experiencing economic violence before the age of 18.

“Another situation...is the violence that you suffer from when you start working in sex work, possibly even from before. I mean, I'm going to tell you something really heavy. I was raped by my own stepfather, which is something you just don't tell anybody, because you often feel humiliated...I remember that I told my mom and she didn't believe me and at that time my older sister had already been raped by the same person, which I didn't know. Afterwards, I told my grandmother that I didn't want to live with them. That's why I grew up in an orphanage, at the [orphanage name] in Santa Ana. That's where I was raised for four years. So, what I just told you is honestly very heavy stuff.”

FSW participant

“My mom would say ‘the effeminate people,’ because that was the word that people used before. ‘If I had an effeminate son,’ she would say, ‘I would put him into the army so that they would make him a man. I would hit him, I would tie him to a tree, I would kick him out. I would never want a son like that.’ So then when I was little, I used to hear all those comments that my mom said. And so for that reason I had to leave my house without them noticing [...] It was because of that that I had to leave home, because I felt that when they realized it well they were going to kick me out, and to avoid that I ran away.”

Transgender woman participant

5.2 NATIONAL POLICE, METROPOLITAN POLICE, AND MILITARY

In El Salvador, same sex relations are not criminalized, and discrimination based on sexual orientation and gender identity is prohibited in the public sector, including public health services. In addition, in 2015, the penal code of El Salvador was reformed to include hate crimes.⁴⁶ However, antidiscrimination laws have not been effectively enforced.^{12, 47, 48} Similarly,

sex work is not criminalized in El Salvador, but inducing, facilitating, promoting, or incentivizing sex work is illegal.⁴⁹

Experiences of violence from the national police, metropolitan police, and military were nearly universal: 47 participants (14/15 FSWs, 18/20 MSM, and 15/15 TGW) reported experiencing violence from police and armed forces members. The most common types of violence perpetrated by police (national and metropolitan) were other human rights violations (12 FSWs, 14 MSM, 8 TGW), including being stopped, searched, or asked for identification documents which often resulted in harassment, public humiliation, theft, and in some cases, physical violence or arrest. Other human rights violations included police refusing to help participants because of their occupation, sexuality, or gender identity and arrest on trumped-up charges — both of which commonly resulted in additional violence within a police facility or unlawful detainment. Emotional violence was also common (7 FSWs, 11 MSM, 7 TGW) and included verbal harassment and threats of physical or sexual violence. Economic violence (5 FSWs, 6 MSM, 6 TGW) included police demanding money or robbing participants. Physical violence (4 FSWs, 6 MSM, 5 TGW) included being hit, punched, kicked, or attacked with police batons or stones or participants reporting they were forced to leave public spaces against their will. Finally, sexual violence (5 FSWs, 2 MSM, 5 TGW) included rape or police demanding sexual favors in return for participants avoiding arrest.

“A patrol car pulled up beside me and they asked me what I was doing so late. ‘Ah, I’m going home.’ I was waiting for a taxi. It wasn’t so violent at that time as it is now. The violence had only just started. The police came and they told me to get in (to the patrol car). I went with them, trusting them, because they were the police, so I got in. They took me to [a municipality of San Salvador]. All three had sex with me. Some used condoms, others didn’t, and well, we just had sex. But at that time you could say...they didn’t force me. But what was I going to do in a place alone, with three police officers? And they had free sex you could say, and they didn’t pay me. They just dropped me off at my house afterwards...The police abuse their authority. I have had clients that are police and they have told me that they do it, and I have seen it for myself, that just because they have a uniform they want to have sex with you, without your consent. Well in this case they were forcing me to have sex with them and one of them even robbed me.”

FSW participant

“When we would go to [a gay bar], I was dressed as a woman with several friends, we would look for taxis early in the morning by the gas station...So anyways, we would be looking for taxis, and most of the time a police officer would stop us and look through our purses and they would always rob our cell-phones or our money. It was very common. Common, common, common. I knew that every Sunday for me meant getting my phone stolen.”

MSM participant

*“I have endured many experiences, I have had many experiences with soldiers. With the metropolitan police as well...A long time ago, well, maybe not so long ago, I used to sell vegetables at the market. I was working and the metropolitan police would start to call me “fag, asslicker, gay,” harsh words, in places full of people. I felt humiliated because I mean, it’s obvious that you would feel bad. The metropolitan police, all of a sudden if I walked past they would start to laugh at me with their colleagues, “hey, she’s calling you, she’s calling you,” “no I don’t like that sh*t,” those were the kind of harsh words that they used. The truth is that I felt that the metropolitan police were discriminating against me.”*

Transgender woman participant

5.3 STREET/PUBLIC SPACES

Violence on the street or in other public spaces was also nearly universal among all study populations with 47 participants (14/15 FSWs, 19/20 MSM and 14/15 TGW) reporting experiences of violence in these settings. Emotional violence was the most common type of violence experienced in the street (13 FSWs, 19 MSM, 14 TGW) followed by physical violence (6 FSWs, 7 MSM and 8 TGW). A small number of participants reported economic (2 FSWs, 3 MSM, 2 TGW) and sexual violence (2 FSWs). The most common type of emotional violence was verbal discrimination, being called names, and receiving other insults. FSWs also reported being called dirty or disease-carrying (n=5) and being gossiped about or “outed” as sex workers (n=5). Six MSM and four transgender women reported being mocked or humiliated (MSM when they dressed as women), and four MSM and four transgender women reported being threatened with physical and/or sexual violence. Most emotional violence was perpetrated by male strangers on the street; FSWs also reported police (n=5) and women (n=5) as perpetrators while MSM reported members of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community as perpetrators of emotional violence (n=3). Physical violence was the next most common type of violence experienced on the street and was most commonly experienced by transgender women. FSWs most commonly reported experiencing violence in the form of being grabbed and hit and being spit on, while MSM said they were beaten, hit, shoved, or attacked, and transgender women reported being punched or beaten. Three MSM and five transgender women also reported having food or water thrown on them. Typically, this came from male strangers on the street. Experiences of economic violence differed among study populations. For FSWs, it came in the form of extortion or blackmail from gangs, police, and criminals while MSM reported economic violence from sex partners or potential sex partners and transgender women reported that they were prevented from working, had money or goods stolen from them, or were asked or extorted for money by gangs. Two FSWs reported sexual violence in the form of unwanted sexual grabbing or touching in public spaces.

“Sometimes it’s the housewives who walk past with their husbands. And they...the man turns around to look at us and the woman hits them on the head and says, ‘Damn, you like those dirty women, you dirty man’...and you think damn! These women...they continue to contribute to inequality. In their opinion, sex work is not work. They see it as something dirty, yeah, and it’s their husbands, often it’s their husbands who come and look for us, their husbands. Yes, comments like that, or when a teenager walks passed with his mother and turns around and looks at us, ‘Oh, those dirty women, you...’ and they call us ‘AIDS carriers,’ they say lots of things that are violent if you listen to them. Maybe it’s not physical violence but it is psychological violence, and in the end it affects us.”

FSW participant

“Just in the bus, there are comments that maybe because of the shirt I’m wearing, but they are making indirect comments, they say ‘there goes the gay parade’ or ‘I wish they would kill them.’ Really awful comments, against the community. Not directly against me. They’re kind of indirect. Or they say, ‘there go the gays,’ or maybe ‘they should die.’ Really aggressive comments...Once they said something and I would have liked to have responded to them, they deserved it, but I was afraid, that there would be more violence...Yes, they were saying that gay people should die. So I said to myself if I look back, then it can give them a reason to get fired up, and I don’t know if they are carrying a Taser, a gun...and I didn’t know because I didn’t even see them...So I bit my tongue and I couldn’t do anything...it was a bad moment, it was a bit of discrimination that I experienced there.”

MSM participant

5.4 HEALTH CARE

Forty-one participants (15/15 FSWs, 13/20 MSM, 13/15 TGW) reported experiencing violence in a health care setting. The most common type of violence for all groups was emotional violence. This included being insulted by health care providers, experiencing a delay in services, and being treated with disdain. Less commonly, participants reported being talked about by health care staff, having their needs disregarded, and being scolded. Several FSWs (n=6), some transgender women (n=4), and one MSM reported other human rights violations. A few participants from each group experienced physical violence; one FSW reported sexual violence. Only nine participants reported they had not had negative experiences, most (n=6) without further elaboration.

“When we go for a check-up, almost always, when you say what your job is, they always look at you as someone who is less important and almost always they see you last. Because they say that since you don’t have anything to do, you can be there all day, so then you feel bad.”

FSW participant

“About a year ago, I went to the health clinic and the lady (nurse) asked me what I did for work. I told her that I worked in the street. She told me that I should find decent work, any job other than that, because that job was disgusting, yeah? I felt discriminated against in that place to be honest...When I went I told her what I wanted, since they give out free condoms there. I told her that I wanted fifty and they only give thirty. So, she asked me: ‘and why do you want so many condoms?’ ‘Because I am a street worker, I need them to work with clients,’ I told her. ‘No,’ she said, ‘look for another job because that job isn’t really work.’”

FSW participant

“I went to have a checkup...at this particular place. It had never happened to me before because most people at the place where I go know me. So, the doctor showed that he was really repulsed by me, because I said that I had... that I had an itch in that place (anus). So, he comes in and he tells me... but he said it in a really disgusted way: ‘that’s what happens to asslickers when they have sex without a condom.’ And I was like, ‘What? Are you serious?’ He was so rude.”

MSM participant

“They don’t give you any attention, right? In health centers...they whisper about you, maybe because they see you as a woman, and when you give them your ID the name is different. Really, there are doctors that say, ‘but, why is it like this?’ I mean, in reality, you don’t define who you are going to be. So, they always gossip about you, they single you out, they laugh at you, these kinds of things happen in health services.”

Transgender woman participant

5.5 SEX WORK

Of the participants reporting that they had ever engaged in sex work — whether they were FSW, MSM, or TGW (15/15 FSWs, 6/20 MSM, 12/15 TGW) — 28 reported experiences of violence from clients during sex work (13 FSWs, 4 MSM, 11 TGW). Violence perpetrated by colleagues was also commonly reported by FSWs and transgender women. FSWs also reported experiencing violence from people they worked for (such as pimps or brothel owners); this was uncommon among both MSM and transgender women. Physical, economic, emotional, and sexual violence from clients were reported by all study groups with FSWs commonly experiencing all types of violence, and transgender women experiencing more physical abuse than the other groups. Most participants reported experiencing emotional violence (11 FSWs, 3 MSM, 6 TGW) which included being called names, receiving derogatory comments, and receiving threats of physical or sexual violence. Physical violence was also commonly reported (9 FSWs, 2 MSM, 11 TGW). This included being hit; being threatened or attacked with guns, knives, rocks, or bottles; confinement; being abandoned; thrown from moving vehicles; losing body parts; and forced to do drugs. Sexual violence was reported by nearly half of participants who engaged in sex work (10 FSWs, 2 MSM, 4 TGW) and included being raped, being forced to engage in any sex act against their will, and being forced to have sex without a condom. Sexual violence often occurred after the sex worker and client agreed to have sex. Finally, economic violence (10 FSWs, 3 MSM, 8 TGW) was common, and this included clients refusing to pay for services, wanting to pay less than agreed up, or demanding additional services or extra time. Triggers

for violence most commonly included disagreements over payment or a client's intoxication. For transgender women, violence often happened when clients found out they were not cisgender women.

"Yes, there always is from them. There is a lot of discrimination but, it's like, in the long run we have maybe, adapted and gotten used to it... not used to it but we have adapted to it yeah, because I mean... I need money right and even if 'Mr. So and so' says... ..that we are prostitutes and we're worth nothing, we keep doing it. We don't care. 'You'll pay this much right. Ten? Fifteen dollars?' And we have to put up with them, we have to put up with them saying 'you whore, you're worth nothing here.' But our needs have made us do this... and we have needs. They often steal our money sometimes."

FSW participant

"It was bad, I had to throw myself from a car, because the guy forced me in, because he thought he had taken a biological woman with him...So, when we were driving, he realized that I am a trans woman...and, yeah, he told me he was going to take me somewhere to kill me."

Transgender woman participant

5.6 JUDICIAL AND PRISON SYSTEMS

Of the 17 participants who had interacted with the judicial or prison systems, 13 (5/5 FSWs, 7/9 MSM, 1/3 TGW) reported experiencing violence. Across all groups, human rights abuses were the most commonly experienced type of violence, with nine participants (4 FSWs, 5 MSM) reporting experiences such as not being allowed to attend their own trial, being denied water, being searched in a degrading manner, or having their children taken from them. Five participants (1 FSW, 3 MSM, 1 TGW) reported experiencing emotional violence, including being insulted and gossiped about by lawyers, judges, prison guards, and others. Two participants (1 FSW, 1 MSM) reported sexual abuse in the judicial and prison systems, and one MSM experienced physical violence.

5.7 PARTNERS

Thirty-six participants (6/15 FSWs, 17/20 MSM, 13/15 TGW) reported experiencing violence from a partner. Questions about experiences of violence from partners were not included in the interview guide for FSW participants, as recommended by the regional technical advisory group; however, six FSWs spontaneously disclosed their experiences of violence from partners when asked other questions. Emotional violence was the most common type reported by those who experienced violence from partners (5 FSWs, 16 MSM, 9 TGW). This included partners insulting them or making them feel inferior, making negative comments about their appearance, and scolding. Further, 13 participants (10 MSM, 3 TGW) described partners who monitored or controlled them, including looking through their phones or social media and watching them or controlling who they saw, who they spoke to, where they went, how they dressed, or how they spent their money. Less common forms of emotional violence included receiving threats from partners (4 MSM, 1 TGW) or being cyberbullied (2 MSM). Among FSWs, half of those who reported violence from partners (3/6 FSWs) reported that the fathers of their children abandoned them and their children and half reported that their ex-partners tried to

take their children from them. In two of the three cases, the fathers gained custody of the children because they revealed that the mothers were FSWs and thus they were perceived as bad mothers. They also exposed the FSWs' profession to their children.

Of the 19 cases of physical violence committed by partners (2 FSWs, 10 MSM, 7 TGW), 11 participants (1 FSW, 6 MSM, 4 TGW) reported they were physically assaulted by a partner due to jealousy: their partners thought participants were interested in someone else or cheating on them and, in some cases, participants had questioned their partners' fidelity. Further, nine participants (1 FSW, 4 MSM, 4 TGW) reported they were physically assaulted by their partners for reasons other than jealousy. The physical assaults included grabbing, scratching, hitting (including with objects), punching, choking, stabbing, throwing coffee at someone, and ripping someone's clothes off.

Sexual (2 FSWs, 1 TGW) and economic (2 FSWs, 1 TGW) violence from partners were the least common types of violence reported by those who experienced violence from partners. Of the three cases of sexual violence committed by partners, two FSWs and one transgender woman reported being raped by their ex-partners. Economic violence included FSWs reporting that the fathers of their children stopped providing economic support to their children.

Participant: "When my children's father and I separated, eh, I went to the public prosecutor's office...The truth is that we had a number of hearings and I almost always had the higher ground. But then in the end, my profession as a sex worker was found out and so they denied my rights and he gained custody of the children. The children stayed with him because I was a sex worker."

Interviewer: What were the consequences for you?

Participant: "Losing my children was hard for me. The truth is that children are always very important, the best thing ever, right? And since then, I can only visit them once a week. But the saddest thing about it was that he (the father) made the children think that because I was a sex worker, 'a prostitute,' he said, that I couldn't go and see them. Until, finally, they...started to see me as inferior and so I stopped going to see them."

FSW participant

"I was also abused by the father of my eldest son (cries)...I lived with him for 10 years....20 years, since I was 14. I don't know, but he would say hurtful things and yes, he would hit me really hard. He would even tell me that I wasn't worth anything, that I was garbage. And there are times, I don't know if it's depression, because there are times when I feel like I'm not worth anything, that I'm not good for anything. Once, I got to the point of taking pills. Not long ago I almost cut my veins. But as God is good, he told me "think of the boy" because my boy is 13 years old. "Think of the boy because he's the only one who will bury you." In the end, I only hurt myself here on my finger. And my boy! This is why I say my son gives me strength."

FSW participant

Participant: "And the situation turned so difficult that not only did he start to want me to boycott the people who might be able to get physically or sentimentally close to me, but he also watched me. What's more I think he even bugged my phone line. Back then it was only the landline, there weren't any cellphones. But he did watch me, and he told me, "right now you're doing such thing, right now you're going to such place. You went out, where are you going? Are you going to come back from this place?" That's to say, he proved to me that he was watching me, of course it was someone who was inside the military, a high-ranking officer who could easily keep watch over me or had the power to have me watched. It was very traumatic."

Interviewer: What do you think were the consequences for you?

Participant: "Ay! I would cry, surprisingly, which I had never done, and I asked God to get him away from me. Since I didn't know back then, I asked for his death, yes. That's to say, I never thought that I could have that power. To come and think that you're capable of hating a person because they hurt you so much, because they scare you, because they don't let you breathe, don't let you sleep. That was very traumatizing."

MSM participant

"Many, many years ago, I had a partner that abuses me, mistreated me and took advantage of me [...] Because I was engaging in sex work, I stayed up all night working in the bars, right? [...] So then at the time when I went to bed he wanted to have intercourse with me and since I'm telling you, I was tired... so I would tell him no. "No, look, I'm tired, I want to rest, I want to sleep." So then, what he did several times was he hit me, because I didn't want to have sex with him. Then he would hit me and of course after he hit me, then he had sex with me. So, then he abused me and raped me at the same time, because it was by force that he had sex with me. [...] It was traumatizing to see that maybe the person... because you, of course you're with your partner you're supposed to get along, live together, and everything. And it's traumatizing to see that the person that maybe I trusted most, who I told my problems to, from whom I desired protection, was the person who abused me, treated me badly."

Transgender woman participant

5.8 RELIGIOUS SETTINGS

Forty-one participants reported violence in religious settings (13/15 FSWs, 17/20 MSM, 11/15 TGW). The most common types of experiences included emotional violence in the form of discrimination and exclusion from religious leaders or other religious community members; this was experienced by approximately one-third of the participants (5 FSWs, 6 MSM, 5 TGW). Less common were discriminatory comments from members of local churches in other settings that were not churches (2 FSWs, 3 MSM, 4 TGW) and being forced or encouraged to change their occupation, sexual orientation, or gender identity by members of the religious community or, more rarely, by religious leaders themselves (1 FSW, 6 MSM, 1 TGW). Other experiences included being made the target of sermons and/or discriminatory comments during religious services when they attended church (n=4), being made to feel unwelcome when attending church (n=4), and coercive sexual encounters with members of religious communities (n=2). The remaining nine participants (2 FSWs, 3 MSM, 4 TGW) did not report any experiences of violence in religious settings and provided no further explanation.

5.9 EDUCATION SETTINGS

Thirty-three participants (8/15 FSWs, 16/20 MSM, 9/15 TGW) reported experiencing violence in education settings. Notably, all FSWs and MSM and most transgender women reported emotional violence (8 FSWs, 16 MSM, 8 TGW). Being called names and being insulted or made fun of by classmates due to their perceived masculinity and or sexual orientation was the most common form of emotional violence (12 MSM, 6 TGW) followed by experiences of the same perpetrated by school staff (7 MSM, 3 TGW). Some participants reported that their perceived masculinity or sexual orientation resulted in being excluded from group activities by peers (2 FSWs, 2 MSM, 1 TGW) and being threatened with physical violence by classmates or school staff (1 MSM, 1 TGW). Six FSWs reported that their children were bullied or discriminated against by classmates, students' parents, teachers, and school staff because of their occupation. Other types of emotional violence included having their parents' occupation or their own sexual orientation outed in an education setting (2 FSWs, 2 MSM) or being forced to do things they did not want to by classmates and teachers in an education setting (3 MSM, 1 TGW). Six participants reported physical violence (5 MSM, 1 TGW) perpetrated by classmates due to perceived femininity and or sexual orientation; six participants (3 MSM, 3 TGW) also reported human rights violations in the form of being barred from attending school, suspended, expelled, or threatened with the above by school staff when they presented a feminine gender expression (e.g., long nails, hair, make-up) or participated in activities seen as feminine. Finally, two participants reported sexual harassment from classmates (2 MSM). Experiences of violence affected participants' academic performance and trajectory, including not wanting to go to school, skipping school, dropping out of school, being unable to focus on school work, and getting bad grades.

5.10 ECONOMIC SETTINGS

Thirty-one participants (15/15 FSWs, 7/20 MSM, 9/15 TGW) described experiences of violence in economic settings. Notably, all FSWs reported an experience of violence in this setting compared to about one-third of MSM and about two-thirds of transgender women. Most commonly, these experiences included economic violence such as difficulty accessing financial services such as getting loans or opening savings accounts (9 FSWs, 5 TGW) or unfair economic practices such as being charged more for food or goods, being paid less, being paid late, or having to pay higher rent (5 FSWs, 4 MSM, 1 TGW). Less commonly reported economic violence included being denied a job because of their sexual orientation or gender identity (5 MSM, 2 TGW); having economically unsupportive or exploitative partners (4 FSWs); financial exploitation or bribery related to sex work (3 FSWs, 1 TGW); economic exploitation by gang members (1 FSW, 1 TGW); and other experiences with the health care system reported by FSWs, such as not being able to get health insurance or paying more for private and nondiscriminatory health care.

5.11 OTHER STATE INSTITUTIONS

Twenty-one participants (6/15 FSWs, 6/20 MSM, 9/14 TGW) reported experiencing violence in this setting, including emotional violence or human rights violations while getting an identification card, problems with child custody, issues getting a passport or visa, and limited or no access to legal or social services. The most common form experienced by FSWs was issues with child custody (4 FSWs), and by far the biggest issue for transgender women was getting identification cards (9 TGW). For example, when transgender women went to get their unique identity documents, they often received stigmatizing comments about their physical appearance or were made to alter their physical appearance to get their documents, including taking off their makeup and jewelry and pulling back or cutting their long hair.

5.12 SHARING EXPERIENCES AND SEEKING SERVICES

For each context in which violence occurred, participants 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 shared an experience of violence — often with a trusted friend or family member; however, few participants sought services. Among the few who did seek services, services sought included counseling (e.g., psychologist, support groups), legal assistance, filing a report with the police, and health care (e.g., treatment of injuries).

“Well, I've always said what's the point in filing a complaint? Because these days, if you file a complaint against the police they'll threaten you, they'll take you from your home, they'll kill you. Because that's what's happening these days. You can't say anything, because they'll take you out and kill you, for real.”

FSW participant

“If the police and the military themselves had done this, then who could I go to? For me it was like: ‘Who are you going to tell? Who are you going to ask for help from? How am I going to tell somebody that they attacked me? Like I was going to say, ‘Hey look, can you work it out so that you sentence yourselves and put yourselves in jail?’”

MSM participant

Thirteen participants (2 FSWs, 6 MSM, 5 TGW) reported they had been asked about experiences of violence by a health care provider, and 12 participants (4 FSWs, 6 MSM, 2 TGW) reported they had shared their experiences — in some cases spontaneously — with health care providers. Participants who shared reported they did so because they wanted advice (1 MSM, 1 TGW), they trusted the provider (1 MSM, 1 TGW), the provider was friendly (1 MSM, 1 TGW). Other reasons, cited by one person each included that they wanted support (1 FSW), they thought the provider had the necessary skills (1 MSM), and the provider asked (1 MSM).

Although only 13 participants had been asked about violence by a health care provider and 35 participants (12 FSWs, 12 MSM, 11 TGW) reported that they wanted health care providers to ask about these experiences. The most common reasons participants cited were to receive help or guidance, both physical and psychosocial, (6 FSWs, 4 MSM, 5 TGW) and to improve health care providers' understanding of their experiences (4 FSWs, 4 TGW).

Desire for services to address violence was common among participants. The most commonly requested service was counseling and psychological support services to deal with experiences of violence (2 FSWs, 9 MSM, 4 TGW). Participants described wanting help and support from health care providers who accept and respect them. Improving health care through educating health care providers and promoting respect and eliminating discrimination was mentioned by all groups but particularly important for FSWs (7 FSWs, 4 MSM, 3 TGW). The next most commonly requested service was legal assistance (4 FSWs, 3 MSM, 2 TGW). Two described thinking that the police could help them address violence and one asked for help to ensure the police do not discriminate against transgender women. Six participants (3 FSWs, 1 MSM, 2 TGW) described wanting help with employment issues. Most common was a request for help getting a job or providing financial assistance. Finally, 18 participants (8 TGW, 7 MSM, 3 FSWs) reported not wanting any services. Most participants offered few details.

Interviewer: Is there some service or services that you would like access to, to help you deal with situations of violence or discrimination that you have personally experienced?

Participant: "Well, I would like to go to a support center, and just as I've been able to become empowered to be able to talk about what has happened to me, other people should be empowered so that they can talk about their experiences, so that they can forget and move past them. Because the first few times that you talk about your experiences your jaw freezes and you feel ice cold, then hot, but afterwards it goes away."

FSW participant

Interviewer: What other things do you think health workers can do to help you deal with the violent situations you have experienced?

Participant: "Help us. Give us guidance. Because if I go, the doctor asks me and I tell her but she doesn't solve anything. I would like her to say, 'look, don't suffer, go to this place, they are going to help you, they are going to counsel you and tell you how to stop suffering. Then if you suffer it is your fault, because you want it, not because you don't know.' I wish that were the answer she gave me, but she just says 'give up that shit in the streets, that is why you suffer.'"

FSW participant

Interviewer: Is there any service or services that you would like to access to help deal with situations of violence and/or discrimination that you have personally experienced?

Participant: "I would like access to a health care service [...] I mean, psychological health care, because that's where people really are emotional, you know, it's where people get distorted, it's when you feel emotionally bad, depending on the state of frustration that a person feels. It's not very easy, they'll get depressed, and remember that people can even commit suicide because of depression. But when you are accepted, you have strength to move forward, to face the stigma, and that's how I've dealt with it, I feel that my acceptance hasn't come easy, but that's how I deal with it."

Transgender woman participant

5.13 IMPACT OF VIOLENCE

Participants were asked to share how their experiences of violence had affected them. Forty-four participants (13/15 FSWs, 17/20 MSM, 14/15 TGW) described some negative impact on their emotional, mental, or physical health because of their experiences of violence. Three others (2 MSM, 1 TGW) explained that they did not want to share the impact of violence on their emotional or mental health or referred to the other information that they had shared previously in the interview to explain that there were clear impacts on their health.

Of the 44 participants who reported negative impacts, common types of impacts included feeling fearful, distrustful, or isolated (3 FSWs, 6 MSM, 4 TGW); feeling humiliated or worthless (5 FSWs, 1 MSM, 1 TGW); broad negative impacts (1 FSW, 3 TGW); and depression and/or suicidal ideation (1 MSM, 2 TGW). Some participants (2 FSWs, 5 MSM, 3 TGW) described how their experiences of violence had negatively affected their relationships with other people, specifically with intimate partners, colleagues, and neighbors, and broadly how they relate with community members on the street and/or via social media. Nearly one-third of participants (6 FSWs, 4 MSM, 3 TGW) attributed the negative impacts to experiences of emotional violence in the form of verbal insults, physical threats, and dirty looks.

“Mostly on the streets, when I’m walking, around unfortunately... Actually no, not unfortunately, because I am very proud of being gay, but on the streets when people see you with a bit of a ‘swagger’ when you walk and right away people label you as gay, and they curse at you, until you don’t want to hear it anymore. Honestly, most of the time people are unfamiliar with the topic, and they don’t know the background of a gay person, unless they have a gay relative. The emotional damage that they can cause a person is tremendous. When they say these kinds of things to you, it might make you laugh, but on the inside, and at home there are emotionally troubling times where you might say ‘Damn, I can’t believe what they said to me in front of everyone.’ And so, whether you like it or not, society and the population itself do us harm.”

MSM participant

“I have sought ways to avoid feeling traumatized, psychologically. Because I feel scared to go out, scared to speak, scared to answer calls, scared to go on social media, even scared in my dreams sometimes, because I used to have nightmares. I still have nightmares now, scary nightmares and I was up feeling scared and that’s why sometimes, I’ve tried to think positively, ‘one day, God first, and one day this will all go away and none of that will ever happen again,’ and these are things that you just have to overcome sometimes, because life goes on.”

Transgender woman participant

“If I need to, for example, to go to the doctor or a consultation or something and because of my fear they are going to discriminate against me or they won’t attend to me, I think it is better not to go, so I don’t do anything about it.”

Transgender woman participant

5.14 HIV RISK

Perception that HIV risk was increased due to violence was low overall with 30 participants reporting they were not at risk for HIV infection even while all said they experienced at least one form of violence (4 FSWs, 17 MSM, 9 TGW). Notably, the majority of MSM thought they were not at risk for HIV infection whereas FSWs perceived higher risk. While some participants did not give a reason for why they did not feel at risk of HIV (2 FSWs, 2 MSM, 7 TGW), others explained that they were not at risk because they protect themselves, often by using condoms (1 FSW, 8 MSM, 2 TGW), had never been raped (5 MSM), or had no risky contact with people living with HIV, such as contact with their semen or blood (4 MSM).

Eighteen participants felt their experiences of violence had put them at risk for HIV (10 FSWs, 3 MSM, 5 TGW) while two were unsure (1 FSW, 1 TGW). Common reasons for feeling at risk included risk or actual experience of sexual violence that resulted in unprotected sex (5 FSWs, 1 MSM, 4 TGW); seemingly unescapable HIV risks during sex, particularly experiencing rape as a sex worker (3 FSWs, 1 TGW); experiences of violence led to risky sex (2 MSM). Three participants (all FSWs) did not provide reasons why they felt at risk for HIV infection.

5.15 COUNTERING VIOLENCE: POSITIVE EXPERIENCES AND COPING MECHANISMS

Despite experiencing high rates of violence, many participants shared positive experiences. Twenty-nine participants (10 FSWs, 13 MSM, 6 TGW) described at least one positive experience or positive aspect of their lives. The remaining 19 participants (4 FSWs, 9 MSM, 6 TGW) stated

that they did not have another positive experience to share. The most commonly reported positive experience was having supportive relationships with family members; other positive experiences included those related to their work (either sex work or other employment) (n=4), having good or supportive relationships with a romantic partner (n=2), and finding self-acceptance or building self-esteem or resolve (n=3).

Thirty-nine participants (12 FSWs, 17 MSM, 10 TGW) reporting having a place where they felt safe. Notably, a higher proportion of MSM reported having a place where they felt safe compared to the other population groups. Among those who described feeling safe, many (7 FSWs, 11 MSM, 6 TGW) described feeling safe with members of their family and when at home (either alone or with family members); several others (2 FSWs, 4 MSM, 3 TGW) reported feeling safe when they were at civil society organizations or “associations” that were a source of support and acceptance. The remaining 11 participants (4 FSWs, 2 MSM, 5 TGW) stated there was no place that they felt safe.

Participants described several ways to address violence; the most common ways of coping were to ignore violence (3 FSWs, 10 MSM, 12 TGW), try to move on (5 FSWs, 4 MSM, 2 TGW), or to avoid situations where violence was likely to occur (3 FSWs, 5 MSM, 2 TGW). Other coping mechanisms included filing complaints, finding outlets such as therapy or hobbies, or getting support from civil society organizations (1 FSW, 4 MSM, 3 TGW); turning to God, prayer, or religion (2 FSWs, 2 MSM, 2 TGW); and being patient, tolerant, or mature (3 MSM, 2 TGW). Four MSM reported that they tried to use their experiences to better themselves. Three MSM reported verbally confronting perpetrators of violence; no one from other participant groups reported confronting perpetrators.

Interviewer: What laws, public policies, or services work well?

Participant: “[...] Where I work, the staff at the clinic know that it's a place where female sex workers are, in that zone. There are many bars and brothels. So the people who work in that health unit know what jobs people are working in. So they treat you well, they're really friendly, in that particular health unit.”

FSW participant

Interviewer: In what places would you say that you feel a little bit safer?

Participant: “[...] My place of work [market]. There are two or three women who go against you when there's events but, otherwise, the ones who are near me, the colleagues across from me, we all get along. They're even looking out for my little business right now while I'm doing this interview. We take care of each other, we chat, we help each other, I feel very safe.”

MSM participant

Interviewer: Have you ever had a positive experience with a health service that you would like to share?

Participant: “Yes, that is the case these days. To be honest, yes. What happens nowadays for example... is that I love the fact that when I go to a health clinic they call me by my female name, they no longer call out a masculine name and a woman stands up. Now I go in and they call me by my female name, because that's what it says on my file now. All the staff at the health clinic are quite... they really accept me. Because in fact, when I arrive I am really friendly to everyone.”

Transgender woman participant

Interviewer: I have asked a lot of questions about situations in which you have experienced violence or discrimination. Is there any place that you feel safe?

Participant: “In my house...As I have said, at all times I feel support, I feel the love of the people who actually love me, I feel enormous support, I feel relief, I feel peace. In the streets, you are always going to find hateful people. So you'll never be completely relaxed. Even just by being in your house you feel huge support. I don't know. You feel you are in a safe space, 100%.”

Transgender woman participant

5.16 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, legal/policy, 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.

Most participants also identified the need for public policy changes including legally recognizing transgender people's gender identities, including on their ID cards; changing laws and work codes to recognize sex work as work; enacting civil rights and antidiscrimination laws; and repealing discriminatory laws to ensure that KP members can exercise their rights to use a bathroom, study, work, get married, and adopt children. Further, participants reported that laws should be enacted or enforced to criminalize and penalize physical, sexual, and verbal violence against KP members.

At the organizational level, participants reported that health care services need to improve through sensitization and training health care providers and enacting rules to ensure that KP

patients receive quality care. Similarly, national police, metropolitan police, and others involved in the judicial system (e.g., prosecutors, judges) need sensitization on KP issues and attention to ensure they and other institutions (government, education, and religious organizations) 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 amongst their respective communities to end or reduce violence. Finally, at the individual level, participants believe that an individual's actions can end violence by working within the legal system, including following the law and filing reports against perpetrators of violence, and being respectful and "respectable." Some saw being respectful as including downplaying their sexuality.

"Well it would be better if those people, since they are working in those positions... they should attend to patients correctly. Especially when it comes to people like me, gay or other people. They could treat patients better and not judge them. Yes, it would be good if they took us into account and got guidance from some organizations. If not, remove those people and replace them with others who can treat you better. And that way you can feel good, more comfortable and, well, feel their kindness."

MSM participant

"There should be a law for us, a law for identity, that recognizes us by our gender expression, by our psychological sex, so that this can open doors for us in the jobs market as well as in the educational space. An identity law would open so many doors for us."

Transgender woman participant

"The same way there are laws in place that protect women it should be that if people beat up a transgender woman they can report it and they can put men in prison."

Transgender woman participant

"I would like for the police to pay more attention to you and to help you the way they should, just like with any other person, treat you the same. That they should help you like they are supposed to. Same goes for health, that they should help you, not discriminate against you, not single you out for who you are. They should treat you like a regular person, normal, just like everyone else who is waiting there at the clinic."

Transgender woman participant

6 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 such as providing identification. While the type of violence and severity of that violence 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. Many respondents talked about contemplating suicide and several others referenced KP community members who had already been lost to violence (see Box 2 for number of murders of KP members recorded by civil society organizations).

This study shows that those who experience violence do sometimes share that experience with others, most often family members and friends, but very rarely seek services when violence occurs. When violence occurs in some contexts — such as under age 18, in an education setting, and from an intimate partner — it's unlikely that people will even disclose what has occurred to them. The need to prevent violence and increase support to victims of violence is clear, but this can only occur if they disclose that violence and feel safe seeking help.

From an HIV programming perspective, it is relevant to note that some individuals may not seek services because they do not see a connection between violence and HIV risk. Significant investment has been made in programs to talk with 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 responding to violence. Global and national statistics demonstrate that members of KPs in El Salvador 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 participants' minds to HIV-related outcomes (see Box 6 for study limitations). These included relationships with health care providers, educators, 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 physically obstructs KPs from reaching services. The collective impact of violence across the lives of KP members results in an

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 KP's 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 omission 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. For example, 5/15 FSWs disclosed violence before age 18 and 6/15 FSWs disclosed intimate partner violence in response to other questions. 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 are not necessarily generalizable to broader population groups in El Salvador given the convenience sample and number of participants.

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 who could help prevent and address HIV infection.

While levels of violence are extremely high and few people are seeking help, many study participants did describe strategies for resilience and individual service providers, KP networks, or institutions who were providing much-needed support. KP members also offered many 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 KP victims, legal and policy changes for more protection and recognition of FSWs, MSM, 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 El Salvador are to:

- Educate KP members on their rights, on what violence is, on the link between violence and HIV, and on violence response services that are available
- Explicitly discuss gender norms (including those related to sexual orientation and gender identity) and rights of KPs in community, educational, religious settings
- Integrate and co-locate HIV and violence screening and response services
- Train individuals and institutions that already work with victims of intimate partner violence, which usually target cisgender women in the general population, so that they can also support KP victims
- Train health care providers and psychosocial support providers to ensure they understand who KPs are, their specific vulnerabilities to violence and HIV, how to detect and respond appropriately to violence, including providing or referring to PEP in cases of sexual violence

Box 7. Relevant global guidance on violence and KPs

2030 Agenda for Sustainable Development⁵⁰

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 Populations⁵¹

“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 Agenda⁵²

“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.”

- Create a mechanism to report and monitor the quality of health services
- Sensitize the national police, metropolitan police, and military on violence, HIV, and human rights protections in national-level policies so they understand that violence against KPs increases HIV risk and they are violating the human rights of KP members when they mistreat or refuse to help them
- 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 El Salvador, where levels of violence are generally high, it can be difficult for decision-makers and others 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 in El Salvador 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, El Salvador has the opportunity to improve both KPs' overall well-being and the national burden of HIV while respecting each Salvadoran's humanity and helping each reach his or her fullest potential.

“My final comment would be that above all we need to be recognized as human beings. We are women that pay the Municipal Council taxes, we pay for our homes, we pay for our telephone, we pay for our water, we pay for our electricity, we pay taxes, even for a pound of salt and I think that the same taxes I pay, a Municipal Council employee or a cafeteria worker or a civil servant pays the same. I think that we are all equal. I don't feel that I am better or worse than any other person.”

FSW participant

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